

## APPENDIX A

**APPENDIX A**  
**VERMONT INDEPENDENT LIVING ASSESSMENT**  
**COVER SHEET**

**Directions:** Complete pages 1-9 for all AAA services, Homemaker program, Medicaid Waiver, Adult Day, ASP, and HASS program. **Arrow → indicates that the question is to be answered by the individual only.** For all other questions, if the individual is unable to answer questions, obtain information from family/caregiver(s) or legal representative(s) as necessary with appropriate authorization to release information. Highlighted "Assessor Action" notes appear when action may be necessary.

**A. INDIVIDUAL IDENTIFICATION**

1. Date of Assessment: \_\_\_\_\_ 2. Unique ID# \_\_\_\_\_
3. Name: \_\_\_\_\_  
a. (Last) b. (First) c. (M.I.)
4. Also known as: \_\_\_\_\_  
a. (Last) b. (First) c. (M.I.)
5. Phone \_\_\_\_\_ 6. SS# \_\_\_\_\_
7. DOB \_\_\_\_ - \_\_\_\_ - \_\_\_\_ 8. Age \_\_\_\_ 9. Gender a. ☐ M b. ☐ F  
Month Day Year
10. Mailing Address: 11. Residence (if different than mailing):  
a. Street/P.O. Box \_\_\_\_\_ a. Street \_\_\_\_\_  
b. Town \_\_\_\_\_ b. Town \_\_\_\_\_  
c. State \_\_\_\_\_ d. Zip \_\_\_\_\_ c. State \_\_\_\_\_

**B. EMERGENCY CONTACT INFORMATION**

1. Spouse/Partner: \_\_\_\_\_  
a. (Name) b. (Phone)
2. Primary Physician: \_\_\_\_\_  
a. (Name) b. (Phone)
3. Friend or relative (other than spouse/partner) to contact in case of an emergency:  
\_\_\_\_\_  
a. (Name) b. (Relationship) c. (Work Phone) / d. (Home Phone)

**C. DIRECTIONS TO HOME**

**SECTION 1: Intake****A. ASSESSMENT INFORMATION**

1. Date: \_\_\_\_\_ 2. ☐ Initial Assess ☐ Reassessment ☐ Update

3. Individual's reason for requesting help: \_\_\_\_\_

4. Where interviewed:  
a. ☐ Home b. ☐ Hospital c. ☐ Nursing Home d. ☐ Adult Day e. ☐ Other \_\_\_\_\_

5. Did someone help the individual or answer questions for the individual? a. ☐ Yes b. ☐ No

6. a. If "Yes", helper's name: \_\_\_\_\_ b. Helper's relationship: \_\_\_\_\_

7. Primary language: \_\_\_\_\_

8. Communication/Language assistance needed for assessment? a. ☐ Yes b. ☐ No

9. If "Yes", type of assistance: \_\_\_\_\_

10. ILA completed by: \_\_\_\_\_ 11. Agency: \_\_\_\_\_

12. ILA being completed for which DA&D program (*if applicable*):  
a. ☐ Adult Day b. ☐ ASP c. ☐ HASS e. ☐ Homemaker e. ☐ Medicaid Waiver f. ☐ NONE

**B. LEGAL REPRESENTATIVE**

Check all that apply:

1. a. ☐ Power of Attorney  
2. a. ☐ Representative Payee  
3. a. ☐ Legal Guardian  
4. a. ☐ \*DPOA for Health Care  
5. a. ☐ \*Living Will/ *Copy held by:*

b. Name

c. Phone (W)

d. Phone (H)


6. \*If no DPOA or Living Will, was information provided about advance directives? a. ☐ Yes b. ☐ No

**C. DEMOGRAPHICS**

1. What is your marital status?

- a. ☐ single c. ☐ civil union e. ☐ separated  
b. ☐ married d. ☐ widowed f. ☐ divorced g. ☐ information unavailable

2. What is your race or ethnic background?

- a. ☐ White e. ☐ Hispanic  
b. ☐ African-American f. ☐ info. unavailable  
c. ☐ Asian or Pacific Island g. ☐ Other: \_\_\_\_\_  
d. ☐ American Indian/Alaskan Native

3. Do you live in:

- a. ☐ house/mobile home e. ☐ residential care home  
b. ☐ private apartment f. ☐ nursing home  
c. ☐ apartment in senior housing g. ☐ information unavailable  
d. ☐ assisted living residence h. ☐ other (describe) \_\_\_\_\_

4. Do you live:

- a. ☐ alone
- b. ☐ with spouse/partner
- c. ☐ with spouse and child
- d. ☐ with child or children (including adult child)
- e. ☐ with others \_\_\_\_\_

5. Are you currently employed? a. ☐ Yes b. ☐ No

6. How many related people reside together in your household (counting yourself)?

- a. ☐ 1 person
- b. ☐ 2 people
- c. ☐ 3 people
- d. ☐ 4 or more
- e. ☐ info. unavailable

7. What is the estimated total monthly income for your household? (*Based on 2003 Federal Poverty Limits*)

- a. ☐ \$748 or less
- b. ☐ \$1010 or less
- c. ☐ \$1272 or less
- d. ☐ \$1533 or less
- f. ☐ \$1534 or more
- g. ☐ info. unavailable

#### **D. HEALTH RELATED QUESTIONS**

##### **D1. General Questions**

1. ➔How do you rate your health? Would you say that it is excellent, good, fair, or poor?

- a. ☐ **Excellent**      b. ☐ **Good**      c. ☐ **Fair**      d. ☐ **Poor**      e. ☐ **No response**

2. Were you admitted to a hospital for any reason in the last 30 days? a. ☐ Yes b. ☐ No

3. In the past year, how many times have you stayed overnight in a hospital?

- a. ☐ not at all      b. ☐ one time      c. ☐ 2 or 3 times      d. ☐ more than 3 times

4. Have you ever stayed in a nursing home, residential care home or other institution (including Brandon Training School and Vermont State Hospital)?

- a. ☐ Yes      b. ☐ No

5. Have you fallen in the last 3 months?

- a. ☐ Yes      b. ☐ No

6. Do you use a walker or four-prong cane (or equivalent), at least some of the time, to get around?

- a. ☐ Yes      b. ☐ No

7. Do you use a wheelchair, at least some of the time, to get around?

- a. ☐ Yes      b. ☐ No

8. In the past month how many days a week have you usually gone out of the house/building where you live?

- a. ☐ Two or more days a week      b. ☐ One day a week or less

9. How many days a week are you physically active for at least 30 minutes? This includes any activity that causes small increases in breathing or heart rate that you do for at least 10 minutes at a time. (Such as walking, gardening, housework, dancing.) \_\_\_\_\_ days/week

Individual's Initials \_\_\_\_\_

10. Do you **currently** have any of the following medical conditions or problems?

**Skip #10 if completing Section 5: Health Assessment**

	Yes	No		Yes	No
a. heart condition			l. ankle/leg swelling		
b. arthritis			m. urinary problems		
c. diabetes			n. speech problems		
d. cancer			o. hearing problems		
e. stroke			p. vision problems		
f. neurological condition			q. dementia		
g. breathing condition			r. depression		
h. digestive problems			s. mental health condition		
i. muscle or bone problems			t. anxiety		
j. chronic pain			u. OTHER:		
k. chronic weakness/fatigue					

11. How many prescription medications do you take?

**D2. Functional Needs** *SKIP ADL/IADL checklist if completing Section 6: Functional Assessment*

<i>ADL/IADL checklist</i>	<i>a. Without help?</i>		<i>b. If "No", do you have help?</i>		<i>c. If "Yes", do you have enough help?</i>	
	Yes	No	Yes	No	Yes	No
<b>CAN YOU:</b>						
1. get around inside your home?						
2. bathe?						
3. dress?						
4. get in and out of bed/chair?						
5. use the toilet?						
6. eat?						
7. manage personal hygiene?						
8. manage your money?						
9. do your laundry?						
10. do your shopping?						
11. take medication(s)?						
12. prepare your own meals?						
13. manage household maintenance?						
14. do ordinary housework?						
15. take out the garbage?						
16. use transportation?						
17. use the telephone?						

ADL/IADL Comments:

18. Do you need any of the following new, repaired or additional devices or home modifications to help you to continue to stay in your home? (*Check all that apply*)

- |  |  |
|--|--|
| a. <input type="checkbox"/> Eyeglasses                 | h. <input type="checkbox"/> Ramp                           |
| b. <input type="checkbox"/> Cane or walker             | i. <input type="checkbox"/> Doorways widened               |
| c. <input type="checkbox"/> Wheelchair                 | j. <input type="checkbox"/> Kitchen/bathroom modifications |
| d. <input type="checkbox"/> Assistive feeding devices  | k. <input type="checkbox"/> Other: _____                   |
| e. <input type="checkbox"/> Assistive dressing devices | l. <input type="checkbox"/> NONE OF THE ABOVE              |
| f. <input type="checkbox"/> Hearing aid                |  |
| g. <input type="checkbox"/> Dentures                   |  |

### D3. Emotional Health

*Script for #1-5 (optional)* "Your emotional health is just as important as your physical health. We've just reviewed your current physical health conditions and now I'd like to review your current emotional health.

1. ➔Do you feel you have enough contact with family? a. ☐ Yes b. ☐ No c. ☐ No response  
 2. ➔Do you feel you have enough contact with friends? a. ☐ Yes b. ☐ No c. ☐ No response

*During this past month:*

3. ➔\*Have you **often** felt downhearted or blue? a. ☐ Yes b. ☐ No c. ☐ No response  
 4. ➔\*Have you been anxious a lot or bothered by your nerves? a. ☐ Yes b. ☐ No c. ☐ No response  
 5. ➔\*Have you felt hopeless or helpless at all? a. ☐ Yes b. ☐ No c. ☐ No response

*\*If "Yes" to questions #3, 4 or 5, complete Section 4: Emotional/Behavioral/Cognitive Status, A. Emotional Well-Being, page 12.*

### D4. Cognitive Orientation

*Script for #1-4 (optional)* "Now I'd like to ask a few questions to see how well you're keeping track of time (or of things).  
 For example: "

1. ➔Could you please tell me what year it is? a. ☐ correct b. ☐ incorrect c. ☐ No response  
 2. ➔Could you please tell me what month it is? a. ☐ correct b. ☐ incorrect c. ☐ No response  
 3. ➔Could you please tell me what day of the week it is? a. ☐ correct b. ☐ incorrect c. ☐ No response  
 4. ➔When you make a decision about something, in general how do you do it?  
 a. ☐ Usually by myself  
 b. ☐ Usually I talk it over with family or friends, but I make my own decision.  
 c. ☐ Usually I talk it over with my family or friends, etc., and I do what they think best.  
 d. ☐ I let other people (including spouse/partner and other family members, friends) make decisions for me.  
 e. ☐ No response

### Assessor Action

- **HEALTH:** If significant medical issues are apparent, discuss and make appropriate referral/s to physician, home health agency, or other health professional(s).
- **FUNCTIONAL NEEDS:** If help needed with ADLs, IADLs, assistive devices or home modifications, discuss and make appropriate referrals for assistance.
- **EMOTIONAL HEALTH:** For emotional health issues, consider options for Area Agency on Aging Eldercare Clinician, Home Health social services, community mental health, or other counseling/mental health professional.

- **COGNITION:** If “incorrect” answer to cognitive orientation questions, consider referral/s to physician, mental health professional, memory clinic, etc.

***E. \*The NSI DETERMINE Your Nutritional Health Checklist***

**Directions:** Read the statements below. Circle “Yes” or “No”. Add up the “Yes” answers and check the nutrition score.

Nutrition Checklist	a. Yes	b. No
1. Have you made changes in lifelong eating habits because of health problems? (such as diabetes, high blood pressure, etc.)	2	0
2. Do you eat fewer than 2 complete meals a day?	3	0
3. Do you eat fewer than 5 servings (1/2 cup each) of fruit or vegetables every day?	1	0
4. Do you have fewer than 2 servings of dairy products (such as milk, yogurt, cheese) or tofu every day?	1	0
5. Do you have <b>any</b> of the following problems that make it difficult for you to eat? Biting _____ Chewing _____ Swallowing _____	2	0
6. Are there times when you do not have enough money to buy the food you need?	4	0
7. Do you eat most meals alone?	1	0
8. Do you take 3 or more prescribed or over-the-counter medications each day? (including aspirin, laxatives, antacids, herbs, inhalers, etc.)	1	0
9. Have you lost or gained 10 pounds or more in the last 6 months without trying? Loss _____ Gain _____	2	0
10. Are there times when you are not physically able to do one or more of the following? Shop for food _____ Cook _____ Eat on your own _____	2	0
11. Do you have 3 or more drinks of beer, wine or liquor almost every day?	2	0

12. Total “Yes” Score.....

**What does your total “Yes” score mean? If it is:**

**0– 2 Good!** Recheck your nutritional score in 6 months.

**3– 5 You are at moderate nutritional risk.** See what you can do to improve your eating habits and lifestyle. Your office on aging, senior nutrition program, senior citizens center, health department and/or physician can help. Recheck your nutritional score in 3 months.

**6+ You are at high nutritional risk.** You may want to talk with your doctor, dietitian or other qualified health or social services professional. Talk with them about any problems you may have. Ask for help to improve your nutritional health.

**\*Adapted from the DETERMINE Your Nutritional Health Checklist developed by the Nutrition Screening Initiative**

**Additional Nutrition Questions:**

13. About how tall are you without your shoes? a. \_\_\_\_\_ inches b. ☐ info. unavailable

14. About how much do you weigh without your shoes? a. \_\_\_\_\_ pounds b. ☐ info. unavailable

15. Do you drink at least six (6) glasses of water, milk, fruit juice or decaffeinated beverage (excluding alcohol) each day? (one glass=8oz) a. ☐ Yes b. ☐ No c. ☐ info. unavailable

16. Do you eat at least two (2) servings of protein rich foods each day? (meat, fish, poultry, nuts, or legumes) a. ☐ Yes b. ☐ No c. ☐ info. unavailable

**◆ Assessor Action ◆**

*If the individual is at "high nutritional risk" per the NSI checklist, or has other nutritional issues, discuss and recommend appropriate referrals to a registered dietician (AAA or Home Health), physician, or other qualified professional(s).*

## **F. FINANCIAL RESOURCES**

**Directions:** Complete only information necessary for program participation.

### F1. Monthly Income:

Source	1. Individual	2. Spouse
a. Social Security		
b. SSI		
c. Retirement/Pension		
d. Interest		
e. VA Benefits		
f. Wages/Salaries/Earnings		
g. Other		
<b>Total Income:</b>		

### F 2. Monthly Expenses:

a. Rent / Mortgage	\$
b. Property Tax	\$
c. Heat	\$
d. Utilities	\$
e. House Insurance	\$
f. Telephone	\$
g. Medical Expenses	\$
h. Other:	\$
i. Other:	\$
<b>Total Expenses:</b>	

### F3. Savings/Assets:

TYPE	1. Bank/Institution	2. Account No.	3. Amount
a. Checking			
b. Savings			
c. CD			
d. Burial Account			
e. Life Insurance			(cash value)
f. Other			
g. Other			

### 4. Health Insurance: (check all that apply)

Yes	No			
		a. Medicare A	Effective date:	Medicare #
		b. Medicare B	Effective date:	Mo. Premium:
		c. Medigap	Company:	Mo. Premium:
		d. LTC Insurance	Company:	Mo. Premium
		e. Other		

Comments:



**G. SERVICE/PROGRAM CHECKLIST** *Indicate all current services/program involvement.**Check all that apply. If none, check "NONE OF THE ABOVE". Refer to ILA Manual pages 25-30 for a description of services.*

<b>1a. Home Health Services</b>	<b>1b. Want to Apply (✓)</b>
<input type="checkbox"/> Home Health Aide (LNA)	<input type="checkbox"/>
<input type="checkbox"/> Homemaker	<input type="checkbox"/>
<input type="checkbox"/> Hospice Services	<input type="checkbox"/>
<input type="checkbox"/> Nursing Services (RN)	<input type="checkbox"/>
<input type="checkbox"/> Social Work Services	<input type="checkbox"/>
<input type="checkbox"/> Therapy (PT/OT/ST)	<input type="checkbox"/>
<input type="checkbox"/> NONE OF THE ABOVE	
<b>2a. Community-Based Care Programs</b>	<b>2b. Want to Apply (✓)</b>
<input type="checkbox"/> Adult Day Services/Day Health Rehab	<input type="checkbox"/>
<input type="checkbox"/> Attendant Services Program	<input type="checkbox"/>
<input type="checkbox"/> Developmental Disability Services	<input type="checkbox"/>
<input type="checkbox"/> Medicaid Waiver (HB/ERC)	<input type="checkbox"/>
<input type="checkbox"/> Medicaid High-Tech Services	<input type="checkbox"/>
<input type="checkbox"/> Traumatic Brain Injury Waiver	<input type="checkbox"/>
<input type="checkbox"/> NONE OF THE ABOVE	
<b>3a. Nutrition Services</b>	<b>3b. Want to Apply (✓)</b>
<input type="checkbox"/> Commodity Supplemental Food Program	
<input type="checkbox"/> Congregate Meals (Sr. Center)	<input type="checkbox"/>
<input type="checkbox"/> Emergency Food Shelf/Pantry	<input type="checkbox"/>
<input type="checkbox"/> Home Delivered Meals	<input type="checkbox"/>
<input type="checkbox"/> Senior Farmer's Market Nutrition Program	
<input type="checkbox"/> NONE OF THE ABOVE	
<b>4a. Social Services Programs</b>	<b>4b. Want to Apply (✓)</b>
<input type="checkbox"/> Area Agency on Aging Case Management	<input type="checkbox"/>
<input type="checkbox"/> Community Action Program (CAP)	<input type="checkbox"/>
<input type="checkbox"/> Community Mental Health Services	<input type="checkbox"/>
<input type="checkbox"/> Dementia Respite Grant Program/NFCSP Grant	<input type="checkbox"/>
<input type="checkbox"/> Eldercare Clinician	<input type="checkbox"/>
<input type="checkbox"/> Job Counseling/Vocational Rehabilitation	<input type="checkbox"/>
<input type="checkbox"/> Office of Public Guardian	<input type="checkbox"/>
<input type="checkbox"/> Senior Companion Program	<input type="checkbox"/>
<input type="checkbox"/> VCIL Peer Counseling	<input type="checkbox"/>
<input type="checkbox"/> VT Assoc. for the Blind and Visually Impaired	<input type="checkbox"/>
<input type="checkbox"/> VT Legal Aid Services	<input type="checkbox"/>
<input type="checkbox"/> NONE OF THE ABOVE	
<b>5a. Housing Programs</b>	<b>5b. Want to Apply (✓)</b>
<input type="checkbox"/> Assistive Community Care Services (ACCS)	<input type="checkbox"/>
<input type="checkbox"/> Housing and Supportive Services (HASS)	<input type="checkbox"/>
<input type="checkbox"/> Section 8 Voucher (Housing Choice)	<input type="checkbox"/>
<input type="checkbox"/> Subsidized Housing	<input type="checkbox"/>
<input type="checkbox"/> NONE OF THE ABOVE	
<b>6a. PATH Benefit Programs</b>	<b>6b. Want to Apply (✓)</b>
<input type="checkbox"/> Aid to Needy Families with Children	<input type="checkbox"/>
<input type="checkbox"/> Essential Persons Program	<input type="checkbox"/>
<input type="checkbox"/> Food Stamp Program	<input type="checkbox"/>
<input type="checkbox"/> Fuel Assistance Program	<input type="checkbox"/>
<input type="checkbox"/> General Assistance Program	<input type="checkbox"/>
<input type="checkbox"/> Medicaid	<input type="checkbox"/>
<input type="checkbox"/> QMB/SLMB	<input type="checkbox"/>

Individual's Initials \_\_\_\_\_

<input type="checkbox"/> Telephone "Lifeline" Discount	<input type="checkbox"/>
<input type="checkbox"/> VHAP (VT Health Access Program)	<input type="checkbox"/>
<input type="checkbox"/> VHAP Pharmacy	<input type="checkbox"/>
<input type="checkbox"/> V-Script	<input type="checkbox"/>
<input type="checkbox"/> NONE OF THE ABOVE	
<b>7a. Other Services/Benefits</b>	<b>7b. Want to Apply (✓)</b>
<input type="checkbox"/> Emergency Response System	<input type="checkbox"/>
<input type="checkbox"/> Supplemental Security Income (SSI)	<input type="checkbox"/>
<input type="checkbox"/> Veterans Benefits	<input type="checkbox"/>
<input type="checkbox"/> Weatherization Program (CAP)	<input type="checkbox"/>
<input type="checkbox"/> NONE OF THE ABOVE	

## H. "SELF NEGLECT", ABUSE, NEGLECT, AND EXPLOITATION SCREENING

**Directions:** The following information may be obtained from the assessor's observation or reports from the individual, involved family, friends or providers (i.e. Home Health Agency, physician, etc.).

- Is the individual refusing services and putting him/herself or others at risk of harm?  
 a. ☐ Yes                      b. ☐ No                      c. ☐ info. unavailable
- Is the individual exhibiting dangerous behaviors and putting him/herself or others at risk of harm?  
 a. ☐ Yes                      b. ☐ No                      c. ☐ info. unavailable
- Is the individual making clear, informed decisions about his/her needs and appear to understand the consequences of these decision?  
 a. ☐ Yes                      b. ☐ No                      c. ☐ info. unavailable
- Is there evidence (observed or reported) of suspected abuse, neglect, or exploitation by another person?  
 a. ☐ Yes                      b. ☐ No                      c. ☐ info. unavailable

Comments:

### ◆ Assessor Action ◆

**SELF NEGLECT:** If the answer to #1 or #2 is "Yes" and the answer to #3 is "No", the individual may be considered "Self-Neglect". Refer individuals 60 and older to the local Area Agency on Aging if necessary (AAA) (1-800-642-5119). Refer individuals under 60 to Adult Protective Services at 1-800-564-1612.

If the answer to #1 or #2 is "Yes" and the answer to #3 is "Yes", consider a "Negotiated Risk" contract between service providers and the individual.

Make other appropriate referrals regarding "dangerous" behaviors. (i.e. legal, psychiatric, medical, behavioral consult, etc.)

**ABUSE / NEGLECT / EXPLOITATION:** If the answer to #4 is "Yes", mandated reporters must file a report of abuse, neglect, or exploitation in accordance with Vermont's Adult Abuse Statue (Title 33) within 48 hours to Adult Protective Services at 1-800-564-1612.

**SECTION 2: Supportive Assistance**

1. Date: \_\_\_\_\_ 2. a. ☐ Initial Assessment b. ☐ Reassessment c. ☐ Update

**Directions:** Complete this section for Medicaid Waiver, Adult Day, ASP. May also complete if SECTION 1: Intake indicates a need for more information. If the individual is unable to answer the following questions, obtain information from family/caregiver or legal representative.

The following questions are specifically in regards to unpaid caregivers, such as family, friends, volunteers.

3. Who is the primary unpaid person who usually helps you? (Check one only)
- a. ☐ Spouse or significant other d. ☐ Friend, neighbor or community member
- b. ☐ Daughter or son e. ☐ NONE (If "NONE, go to Section 3: Living Arrangements)
- c. ☐ Other family member
4. How often do you receive help from this person? (Check one only) **Skip if #3 is NONE.**
- a. ☐ Several times during day and night e. ☐ One to two times per week
- b. ☐ Several times during day f. ☐ Less often than weekly
- c. ☐ Once daily g. ☐ Unknown
- d. ☐ Three or more times per week
5. What type of help does this person provide? (Mark all that apply) **Skip if #3 is NONE.**
- a. ☐ ADL assistance (e.g., bathing, dressing, toileting, bowel/bladder, eating/feeding)
- b. ☐ IADL assistance (e.g., meds, meals, housekeeping, laundry, telephone, shopping, finances, transportation)
- c. ☐ Environmental support (housing, home maintenance)
- d. ☐ Psychosocial support (socialization, companionship, recreation)
- e. ☐ Advocates or facilitates individual's participation in appropriate medical care
- f. ☐ Financial agent, power of attorney, or conservator of finance
- g. ☐ Health care agent, conservator of person, or medical power of attorney
- h. ☐ Unknown

6. Record information on primary unpaid caregiver in #3: **Skip if #3 is NONE.**

\_\_\_\_\_

a. (Name) b. (Relationship) c. (Phone)

\_\_\_\_\_

d. (Address)

Question #7 is to be asked of the primary caregiver identified in question #6a.

7. Which of the following areas are affected by your role as a caregiver?
- a. ☐ job d. ☐ physical health
- b. ☐ finances e. ☐ emotional health
- c. ☐ family responsibilities f. ☐ other: \_\_\_\_\_

Comments:

**◆ Assessor Action ◆**

If the primary caregiver indicates factors in #7, discuss options for family support services and make appropriate referrals. For further caregiver assessment and planning, consider completing the "Caregiver Self-Assessment Questionnaire".

### SECTION 3: Living Environment

1. Date: \_\_\_\_\_ 2. a. ☐ Initial Assessment      b. ☐ Reassessment      c. ☐ Update

**Directions:** Complete this section for Medicaid Waiver, Adult Day, ASP. May also complete if SECTION 1: Intake indicates a need for more information. If the individual is unable to answer the following questions, mark the following issues that are reported by the family/caregiver(s) observed by the assessor. Be as complete as possible.

3. Do any of the following issues make it difficult for you to get around your home? (Mark all that apply)

- a. ☐ Stairs inside home which must be used by the individual (e.g., to get to toileting, sleeping, eating areas)
- b. ☐ Stairs inside home which are used optionally (e.g., to get to laundry facilities)
- c. ☐ Stairs leading from inside house to outside
- d. ☐ Narrow or obstructed doorways
- e. ☐ Other (specify) \_\_\_\_\_
- f. ☐ NONE OF THE ABOVE

4. Do any of the following safety issues exist in your home? (Mark all that apply)

- a. ☐ Inadequate floor, roof, or windows
- b. ☐ Inadequate lighting
- c. ☐ Unsafe gas/electric appliance
- d. ☐ Inadequate heating
- e. ☐ Inadequate cooling
- f. ☐ Absence of working smoke detectors
- g. ☐ Unsafe floor coverings
- h. ☐ Inadequate stair railings
- i. ☐ Improperly stored hazardous materials
- j. ☐ Lead-based paint
- k. ☐ Other (specify) \_\_\_\_\_
- l. ☐ NONE OF THE ABOVE

5. Do any of the other following issues exist in your home? (Mark all that apply)

- a. ☐ No running water
- b. ☐ Contaminated water
- c. ☐ No toileting facilities
- d. ☐ Outdoor toileting facilities only
- e. ☐ Inadequate sewage disposal
- f. ☐ Inadequate/improper food storage
- g. ☐ No food refrigeration
- h. ☐ No cooking facilities
- i. ☐ Insects/rodents present
- j. ☐ No scheduled trash pickup
- k. ☐ Cluttered/soiled living area
- l. ☐ Other (specify) \_\_\_\_\_
- m. ☐ NONE OF THE ABOVE

Comments:

**◆ Assessor Action ◆**

If the individual's living arrangements indicate significant safety or health issues, discuss and make appropriate referral(s) for home repair, cleaning, and/or pest extermination.

**SECTION 4: Emotional/Behavioral/Cognitive Status**

1. Date: \_\_\_\_\_ 2. a. ☐ Initial Assessment b. ☐ Reassessment c. ☐ Update

**Directions:** Complete this section for Medicaid Waiver, Adult Day, ASP. May also complete if SECTION 1: Intake indicates a need for more information.

**A. EMOTIONAL WELL-BEING**

Complete questions #3- 13 only if the individual answered "Yes" to questions #3, 4, or 5 on page 5, Section 1: Intake (Emotional Health).

**"I'd like you to think about your moods and feelings in the last month."**

3. ➔ Have you felt satisfied with your life? a. ☐ Yes b. ☐ No c. ☐ Sometimes d. ☐ No response  
 4. ➔ Have you had a change in your sleeping patterns? a. ☐ Yes b. ☐ No c. ☐ Sometimes d. ☐ No response  
 5. ➔ Have you had a change in your appetite? a. ☐ Yes b. ☐ No c. ☐ Sometimes d. ☐ No response  
 6. ➔ Have you often felt depressed, sad or very unhappy? a. ☐ Yes b. ☐ No c. ☐ Sometimes d. ☐ No response

**\*If answer is YES or SOMETIMES to #6, ask the next question. If answer is NO, go to #12.**

7. ➔ Have you thought about harming yourself? a. ☐ Yes b. ☐ No

**\*If answer is YES to #7, ask the next questions. If answer is NO, go to #12.**

8. ➔ Do you have a plan? a. ☐ Yes b. ☐ No  
 9. ➔ Do you have the means to carry out your plan? a. ☐ Yes b. ☐ No  
 10. ➔ Do you intend to carry this out? a. ☐ Yes b. ☐ No  
 11. ➔ Have you harmed yourself before? a. ☐ Yes b. ☐ No

12. Are you currently receiving psychiatric and/or counseling services?  
 a. ☐ No b. ☐ Yes c. ☐ info. unavailable

13. If "Yes", are you receiving services: a. ☐ At home b. ☐ In the community c. ☐ both

**B. BEHAVIORAL STATUS**

**Directions:** Code "Problem Behavior" and "Behavior Symptom" for each behavior in last 7 days. Information may be gathered from family, caregiver(s) or assessor's observations.

**(A) Problem behavior**

0 = behavior not exhibited

1 = behavior of this type occurred less than daily

2 = behavior occurred daily

**(B) Behavioral symptom**

0 = behavior was not present - **OR**- behavior was easily altered

1 = behavior was NOT easily altered

	(A)	(B)
1. <b>Wandering:</b> moved with no rational purpose, seemingly oblivious to needs or safety		
2. <b>Verbally abusive:</b> others were threatened, screamed at, cursed at		
3. <b>Physically abusive:</b> others were hit, shoved, scratched, sexually abused		

4. **Socially inappropriate/disruptive behavior:** made disruptive sounds, noisiness, screaming, self-abusive acts, sexual behavior or disrobing in public, smeared/threw food/feces, hoarding, rummaged through others' belongings

5. **Resists care:** resisted taking medications/injections, ADL assistance, or eating

### C. COGNITIVE STATUS

**Directions:** Information may be gathered from family/caregiver(s) or assessor's observations. Check the one answer for each that best describes the individual's cognitive status.

#### 1. Memory and use of information:

- a. ☐ Does not have difficulty remembering and using information. Does not require directions or reminding from others.
- b. ☐ Has minimal difficulty remembering and using information. Requires direction and reminding from others 1 to 3 times per day. Can follow simple written instructions.
- c. ☐ Has difficulty remembering and using information. Requires direction and reminding from others 4 or more times per day.
- d. ☐ Cannot remember or use information. Requires continual verbal reminding.

#### 2. Global confusion:

- a. ☐ Appropriately responsive to environment.
- b. ☐ Nocturnal confusion on awakening.
- c. ☐ Periodic confusion during daytime.
- d. ☐ Nearly always confused.

#### 3. Verbal communication:

- a. ☐ Speaks normally.
- b. ☐ Minor difficulty with speech or word-finding difficulties.
- c. ☐ Able to carry out only simple conversations.
- d. ☐ Unable to speak coherently or make needs known.

#### 4. Cognitive Skills for Daily Decision-Making

- a. ☐ Independent – decisions consistent/reasonable
- b. ☐ Modified independence – some difficulty in new situations only
- c. ☐ Moderately impaired – decision poor/cues/supervision required
- d. ☐ Severely impaired – never/rarely makes decisions

Comments:

◆ **Assessor Action** ◆

**\*\*If "YES" to Emotional Well-Being questions #8-10, contact the appropriate local crisis authorities immediately. Discuss other psychiatric and/or mental health counseling services and make appropriate referrals. Make appropriate referrals regarding behavioral/cognitive symptoms as necessary.**

**SECTION 5: Health Assessment**

1. Date: \_\_\_\_\_ 2. a. ☐ Initial Assessment b. ☐ Reassessment c. ☐ Update

**Directions:** Complete this section for Medicaid Waiver, Adult Day, ASP. May also complete if SECTION 1: Intake indicates a need for more information. If the individual is unable to answer the following questions, obtain information from family/caregiver(s), legal representative and/or medical records.

**A. DIAGNOSIS/CONDITIONS/TREATMENTS**

1. **Diagnosis:** List the primary medical diagnosis for which the individual is receiving services/treatments.

Primary Diagnosis: \_\_\_\_\_

2. **Other Disease Diagnosis:** Check (✓) only those diseases that have a relationship to current ADL status, cognitive status, mood and behavior status, medical treatments, nursing monitoring, or risk of death. (Do not list inactive diagnoses.)

<b>Endocrine/Metabolic/Nutritional</b>		x. <input type="checkbox"/> Paraplegia	
a. <input type="checkbox"/> Diabetes mellitus		y. <input type="checkbox"/> Parkinson's disease	
b. <input type="checkbox"/> Hyperthyroidism		z. <input type="checkbox"/> Quadriplegia	
c. <input type="checkbox"/> Hypothyroidism		aa. <input type="checkbox"/> Seizure disorder	
<b>Heart/Circulation</b>		bb. <input type="checkbox"/> Transient ischemic attack (TIA)	
d. <input type="checkbox"/> Arteriosclerotic heart disease		cc. <input type="checkbox"/> Traumatic brain injury	
e. <input type="checkbox"/> Cardiac dysrhythmias		<b>Psychiatric/Mood</b>	
f. <input type="checkbox"/> Congestive heart failure		dd. <input type="checkbox"/> <b>Anxiety disorder</b>	
g. <input type="checkbox"/> Deep vein thrombosis		ee. <input type="checkbox"/> Depression	
h. <input type="checkbox"/> Hypertension		ff. <input type="checkbox"/> Manic depressive/bipolar disease	
i. <input type="checkbox"/> Hypotension		gg. <input type="checkbox"/> Schizophrenia	
j. <input type="checkbox"/> Peripheral vascular disease		<b>Pulmonary</b>	
k. <input type="checkbox"/> Other cardiovascular disease		hh. <input type="checkbox"/> Asthma	
<b>Musculoskeletal</b>		ii. <input type="checkbox"/> Emphysema/COPD	
l. <input type="checkbox"/> Arthritis		<b>Sensory</b>	
m. <input type="checkbox"/> Hip fracture		jj. <input type="checkbox"/> Cataracts	
n. <input type="checkbox"/> Missing limb		kk. <input type="checkbox"/> Diabetic retinopathy	
o. <input type="checkbox"/> Osteoporosis		ll. <input type="checkbox"/> Glaucoma	
p. <input type="checkbox"/> Pathological bone fracture		mm. <input type="checkbox"/> Macular degeneration	
<b>Neurological</b>		<b>Other</b>	
q. <input type="checkbox"/> Alzheimer's disease		nn. <input type="checkbox"/> Allergies	
r. <input type="checkbox"/> Aphasia		oo. <input type="checkbox"/> Anemia	
s. <input type="checkbox"/> Cerebral palsy		pp. <input type="checkbox"/> Cancer	
t. <input type="checkbox"/> Cerebrovascular accident (stroke)		qq. <input type="checkbox"/> Renal failure	
u. <input type="checkbox"/> Dementia other than Alzheimer's disease		rr. <input type="checkbox"/> NONE OF THE ABOVE	
v. <input type="checkbox"/> Hemiplegia/hemiparesis		ss. <input type="checkbox"/> OTHER:	
w. <input type="checkbox"/> Multiple sclerosis		tt. <input type="checkbox"/> OTHER:	

3. **Infections:** Check (✓) all that apply. If none apply, check the *NONE OF THE ABOVE* box.

- |  |  |
|--|--|
| a. <input type="checkbox"/> Antibiotic resistant infection | a. <input type="checkbox"/> Sexually transmitted disease                   |
| b. <input type="checkbox"/> Clostridium difficile          | b. <input type="checkbox"/> Tuberculosis                                   |
| c. <input type="checkbox"/> Conjunctivitis                 | c. <input type="checkbox"/> Urinary tract infection <i>in last 30 days</i> |
| d. <input type="checkbox"/> HIV infection                  | d. <input type="checkbox"/> Viral hepatitis                                |
| e. <input type="checkbox"/> Pneumonia                      | e. <input type="checkbox"/> Wound infection                                |
| f. <input type="checkbox"/> Respiratory infection          | f. <input type="checkbox"/> OTHER:   |
| g. <input type="checkbox"/> Septicemia                     | g. <input type="checkbox"/> NONE OF THE ABOVE                              |

4. **Problem Conditions:** Check (✓) all problems present in the last 7 days.

- |   |  |
|---|--|
| a. <input type="checkbox"/> Dehydration                                       | i. <input type="checkbox"/> Syncope (fainting)                           |
| b. <input type="checkbox"/> Delusions   | h. <input type="checkbox"/> Unsteady gait                                |
| c. <input type="checkbox"/> Dizziness/Vertigo                                 | i. <input type="checkbox"/> Vomiting (recurring)                         |
| d. <input type="checkbox"/> Edema   | j. <input type="checkbox"/> End stage disease, 6 or fewer months to live |
| e. <input type="checkbox"/> Fever   | k. <input type="checkbox"/> NONE OF THE ABOVE                            |
| f. <input type="checkbox"/> Internal bleeding                                 | l. <input type="checkbox"/> OTHER:                                       |
| g. <input type="checkbox"/> Recurrent lung aspirations <i>in last 90 days</i> | m. <input type="checkbox"/> OTHER:                                       |
| h. <input type="checkbox"/> Shortness of breath                               |  |

5. **Medical Treatments:** Check (✓) treatments received during the last 14 days.

- |  |  |
|--|--|
| a. <input type="checkbox"/> Chemotherapy                       | i. <input type="checkbox"/> Suctioning               |
| b. <input type="checkbox"/> Dialysis                           | j. <input type="checkbox"/> Tracheostomy Care        |
| c. <input type="checkbox"/> IV meds                            | k. <input type="checkbox"/> Transfusions (specify)   |
| d. <input type="checkbox"/> Intake/output                      | l. <input type="checkbox"/> Ventilator or respirator |
| e. <input type="checkbox"/> Monitoring acute medical condition | m. <input type="checkbox"/> NONE OF THE ABOVE        |
| f. <input type="checkbox"/> Ostomy care                        | n. <input type="checkbox"/> OTHER:                   |
| g. <input type="checkbox"/> Oxygen therapy                     | o. <input type="checkbox"/> OTHER:                   |
| h. <input type="checkbox"/> Radiation                          |  |

6. **Therapies:** Check (✓) all therapies received in last 7 days.

- a. ☐ Speech Therapy  
 b. ☐ Occupational Therapy  
 c. ☐ Physical Therapy  
 d. ☐ Respiratory Therapy  
 e. ☐ NONE OF THE ABOVE

7. Does the individual currently receive at least 45 minutes/day for at least 3 days week of PT or a combination of PT, ST, or OT? a. ☐ Yes b. ☐ No c. ☐ info. unavailable

8. Check (✓) all nutritional issues in the last 7 days. (Mark all that apply)

- |   |  |
|---|--|
| a. <input type="checkbox"/> Parenteral/IV             | f. <input type="checkbox"/> Dietary supplement between meals               |
| b. <input type="checkbox"/> Feeding tube              | g. <input type="checkbox"/> Plate guard, stabilized built-up utensil, etc. |
| c. <input type="checkbox"/> Mechanically altered diet | h. <input type="checkbox"/> On a planned weight change program             |
| d. <input type="checkbox"/> Syringe (oral feeding)    | j. <input type="checkbox"/> Oral liquid diet                               |
| e. <input type="checkbox"/> Therapeutic diet          | k. <input type="checkbox"/> NONE OF THE ABOVE                              |



9. Check (✓) all current high risk factors characterizing this individual. (Mark all that apply)

- a. ☐ Smoking
- b. ☐ Obesity
- c. ☐ Alcohol dependency
- d. ☐ Drug dependency
- e. ☐ Unknown
- f. ☐ Other: \_\_\_\_\_
- g. ☐ NONE OF THE ABOVE

## B. PAIN STATUS

1. What is the frequency of pain interfering with individual's activity or movement? *Check one.*

- a. ☐ Individual has **no** pain or pain does **not** interfere with activity or movement
- b. ☐ Less often than daily
- c. ☐ Daily, but not constantly
- d. ☐ All of the time
- e. ☐ Info. unavailable

2. Is the individual experiencing pain that is not easily relieved, occurs at least daily, and affects the individual's sleep, appetite, physical or emotional energy, concentration, personal relationships, emotions, or ability or desire to perform physical activity?

- a. ☐ Yes
- b. ☐ No
- c. ☐ info. unavailable

## C. SKIN STATUS

1. **Ulcers:** Code for the highest stage in the last 7 days using the scale below. (0 = none)

- a. Pressure Ulcer- Any lesion caused by pressure resulting in damage of underlying tissue.
- b. Stasis Ulcer – Open lesion caused by poor circulation in the lower extremities.

Stage


**Stage 1:** A persistent area of skin redness (without a break in the skin) that does not disappear when pressure is relieved.

**Stage 2:** A partial thickness loss of skin layers that presents clinically as an abrasion, blister, or shallow crater.

**Stage 3:** A full thickness of skin is lost, exposing the subcutaneous tissues - presents as a deep crater with or without undermining adjacent tissue.

**Stage 4:** A full thickness of skin and subcutaneous tissue is lost, exposing muscle or bone.

2. **Other Skin Problems:** Check (✓) all that apply during last 7 days.

- a. ☐ Abrasions, bruises
- b. ☐ Burns (second or third)
- c. ☐ Open lesions other than ulcers, rashes, cuts (e.g. cancer lesions)
- d. ☐ Rashes (e.g. intertrigo, eczema, drug rash, heat rash, herpes zoster)
- e. ☐ Skin desensitized to pain or pressure
- f. ☐ Skin tears or cuts (other than surgery)
- g. ☐ Surgical wounds
- h. ☐ NONE OF THE ABOVE

## D. ELIMINATION STATUS

1. Is the individual prone to frequent urinary tract infections (UTI)?

a. ☐ Yes

b. ☐ No

2. Does the individual have urinary incontinence?

- a. ☐ Yes
- b. ☐ No incontinence and no urinary catheter
- c. ☐ No incontinence, individual has urinary catheter

***\*If answer is b. or c., go to question #5.***

3. What is the frequency of urinary incontinence?

- a. ☐ less than once weekly
- b. ☐ one to three times weekly
- c. ☐ four to six times weekly
- d. ☐ one to three times daily
- e. ☐ four or more times daily

4. When does urinary incontinence occur?

- a. ☐ during the day only
- b. ☐ during the night only
- c. ☐ during the day and night

5. Does the individual have Bowel Incontinence?

- a. ☐ Yes
- b. ☐ No incontinence and no ostomy
- c. ☐ No incontinence, individual has an ostomy

***\*If answer is b. or c., go to question #8.***

6. What is the frequency of bowel incontinence?

- a. ☐ less than once weekly
- b. ☐ one to three times weekly
- c. ☐ four to six times weekly
- d. ☐ one to three times daily
- e. ☐ four or more times daily

7. When does bowel incontinence occur?

- a. ☐ during the day only
- b. ☐ during the night only
- c. ☐ during the day and night

8. Has the individual experienced recurring bouts of diarrhea in the last 7 days?

- a. ☐ Yes
- b. ☐ No

9. Has the individual experienced recurring bouts of constipation in the last 7 days?

- a. ☐ Yes
- b. ☐ No

Comments:

Name of RN (*print*): \_\_\_\_\_

Agency: \_\_\_\_\_

Individual's Initials \_\_\_\_\_

Signature of RN: \_\_\_\_\_ Date: \_\_\_\_\_

LPN completing health assessment (*Adult Day only*): \_\_\_\_\_**◆ Assessor Action ◆**

*Incorporate Health Assessment issues into the appropriate plan for services. Make appropriate referrals for identified unmet health needs.*

**SECTION 6: Functional Assessment**1. Date: \_\_\_\_\_ 2. a. ☐ Initial Assessment b. ☐ Reassessment c. ☐ Update

**Directions:** Complete for Medicaid Waiver, ASP and Adult Day. Indicate the highest level of ADL and IADL self-performance and support provided in the **last 7 days**. If the individual is unable to answer the following questions, obtain information from family/caregiver(s), service provider(s), and/or assessor's observations.

**A. ACTIVITIES OF DAILY LIVING (ADL's)****KEY (A) = ADL Self Performance (during the last 7 days)**

0 =	INDEPENDENT	No help or oversight –OR– help/oversight provided only <u>1 or 2 times</u>
1 =	SUPERVISION	Oversight, encouragement or cueing provided <u>3 or more times</u> –OR– Supervision (3 or more times) <u>plus</u> limited physical assistance provided only <u>1 or 2 times</u>
2 =	LIMITED ASSIST	Individual highly involved in activity, received physical help in guided maneuvering of limbs, or other <u>non-weight bearing</u> assistance <u>3 or more times</u> –OR– Limited assistance (3 or more times) <u>plus</u> extensive assistance provided only <u>1 or 2 times</u>
3 =	EXTENSIVE ASSIST	While individual performed part of activity, weight-bearing support or full caregiver performance <u>3 or more times</u>
4 =	TOTAL DEPENDENCE	Full caregiver performance of activity <u>each time the activity occurred</u> during <u>last 7 days</u>
8 =	DID NOT OCCUR/UK	Activity <u>did not occur</u> (as defined) in last 7 days –OR– Unknown

**UNMET NEED:** *If the individual DID NOT receive assistance with an activity, yet clearly needs assistance, score according to their actual level of self-performance in the last week and check "Unmet Need". Briefly describe the circumstances in the comments space provided.*

**(B) = ADL Support Provided**

0 = No setup or physical help  
 1 = Setup help only  
 2 = One person physical assist

3 = Two+ persons physical assist  
 8 = Activity did not occur during entire 7 days –OR– Unknown

	(A)	(B)
ADL's	Self-Performance	Support Provided
<b>1. Dressing:</b> Putting on, fastening, and taking off all items of clothing, including donning/removing prosthesis. <input type="checkbox"/> <i>Unmet Need</i> <i>Comments:</i>		
<b>2. Bathing:</b> Taking a full-body bath/shower, sponge bath, including transferring in/out of tub/shower. <u>Score to the highest level of self-performance regardless of frequency of bathing.</u> <input type="checkbox"/> <i>Unmet Need</i> <i>Comments:</i>		
<b>3. Personal Hygiene:</b> Combing hair, brushing teeth, shaving, applying makeup, washing/drying face, hands, and perineum (EXCLUDE baths and showers). <input type="checkbox"/> <i>Unmet Need</i> <i>Comments:</i>		
<b>4. Bed Mobility:</b> Moving to and from lying position, turning side-to-side, and positioning body while in bed. <input type="checkbox"/> <i>Unmet Need</i> <i>Comments:</i>		
<b>5. Toilet Use:</b> Using the toilet, commode, bedpan, urinal; transferring on/off toilet, cleansing self, managing incontinence pad(s), managing ostomy or catheter, adjusting clothes. <input type="checkbox"/> <i>Unmet Need</i> <i>Comments:</i>		

**6. Adaptive Devices:** Putting on and/or removing braces, splints, and other adaptive devices.

☐ *Unmet Need*    *Comments:*

**7. Transferring:** Moving between surfaces – to/from: bed, chair, wheelchair, standing position (EXCLUDES to/from bath/toilet)

☐ *Unmet Need*    *Comments:*

**8. Mobility:** Moving between locations in his/her home. If in wheelchair, self-sufficiency once in wheelchair.

☐ *Unmet Need*    *Comments:*

**9. Eating:** Ability to eat and drink (regardless of skill). Includes intake of nourishment by other means (e.g. tube feeding, total parenteral nutrition).

☐ *Unmet Need*    *Comments:*

## **B. INSTRUMENTAL ACTIVITIES OF DAILY LIVING (IADL's)**

### **KEY (A) = IADL Self Performance**

<b>0=</b>	<b>INDEPENDENT</b>	(With/without assistive devices)—No help provided
<b>1 =</b>	<b>DONE WITH HELP</b>	Individual involved in activity with help, including supervision, reminders, and/or physical help is provided.
<b>2 =</b>	<b>DONE BY OTHERS</b>	Full performance of the activity is done by others. The individual is not involved at all when the activity is performed.
<b>8 =</b>	<b>DID NOT OCCUR/DK</b>	Activity <u>did not occur</u> in last 7 days – <b>OR-</b> Unknown

**UNMET NEED:** *If the individual DID NOT receive assistance with an activity, yet clearly needs assistance, score according to their actual level of self-performance in the last week and check "Unmet Need". Briefly describe the circumstances in the comments space provided.*

### **(B) = IADL Support Provided**

**0** = No support provided

**1** = Supervision/Cueing

**2** = Set-up only

**3** = Physical assistance

**8** = Activity did not occur during entire 7 days –**OR-** Unknown

IADL's	(A) Self- Performance	(B) Support Provided
<b>1. Phone Use:</b> Answering the phone, dialing numbers, and effectively using the telephone to communicate. <input type="checkbox"/> <i>Unmet Need</i> <i>Comments:</i>		
<b>2. Meal Prep:</b> Planning and preparing light meals or reheating delivered meals. <input type="checkbox"/> <i>Unmet Need</i> <i>Comments:</i>		
<b>3. Medications:</b> Preparing and taking all prescribed <u>and</u> over the counter medications reliably and safely, including the correct dosage at appropriate times/intervals. <input type="checkbox"/> <i>Unmet Need</i> <i>Comments:</i>		
<b>4. Money Manage:</b> Payment of bills, managing checkbook/account(s), being aware of potential exploitation, budgets, plans for emergencies, etc. <input type="checkbox"/> <i>Unmet Need</i> <i>Comments:</i>		
<b>5. Household Maintenance:</b> Household maintenance chores such as washing windows, shoveling snow, taking out the garbage and scrubbing floors. <input type="checkbox"/> <i>Unmet Need</i> <i>Comments:</i>		
<b>6. Housekeeping:</b> Housekeeping tasks such as dusting, sweeping, vacuuming, dishes, light mop, and picking up. <input type="checkbox"/> <i>Unmet Need</i> <i>Comments:</i>		
<b>7. Laundry:</b> Carrying laundry to and from the washing machine, using washer and dryer, washing small items by hand. <input type="checkbox"/> <i>Unmet Need</i> <i>Comments:</i>		

**8. Shopping:** Planning, selecting, and purchasing items in a store and carrying them home or arranging delivery.

☐ *Unmet Need*    *Comments:*

**9. Transportation:** Safely using a car, taxi, or public transportation.

☐ *Unmet Need*    *Comments:*

**10. Care of Equip:** Cleaning, adjusting or general care of adaptive/medical equipment such as wheelchairs, walkers, nebulizer, IV equipment etc.

☐ *Unmet Need*    *Comments:*

**11. Child Care: (ASP only)** Bathing, dressing and feeding of own child/children (to the extent that the dependent child cannot perform the tasks for him/herself).

☐ *Unmet Need*    *Comments:*

**12. Sup. Animals: (ASP only)** Feeding, grooming and a minimum of walking of seeing-eye dogs, hearing-ear dogs, or other support animals.

☐ *Unmet Need*    *Comments:*

**13. Mob. Guide: (ASP only)** For individuals who are blind or visually impaired, the ability to get from place to place in and around the home, shopping, and in medical or educational facilities.

☐ *Unmet Need*    *Comments:*

**◆ Assessor Action ◆**

*If an "unmet need" has been identified, arrange for appropriate services and review functional assessment and services as needed.*

## APPENDIX B

## APPENDIX B



**APPENDIX B**  
**VERMONT LONG TERM CARE CLINICAL ELIGIBILITY CRITERIA**  
***HIGHEST NEED GROUP***

**Step 1**

- A. IF NURSING FACILITY CARE** is the individual's choice, use PASARR screen. If the PASARR screen resulted in a determination that the individual may need active mental health treatment, **stop** and contact the Department of Developmental Disabilities and Mental Health for a Step II PASARR Screen. **If no, continue to Step 2.**
- B. IF HOME AND COMMUNITY-BASED CARE** is the individual's choice, use the HCB screen on the back of this page. If the answer to any question leads to "**STOP**", the individual is not eligible for the Highest Need group. **If the individual passes all screening questions, proceed to Step 2.**

**Step 2**

Does the individual require extensive or total assistance with one or more of the following Activities of Daily Living (ADL): Toileting; Eating; Bed Mobility; and Transfer, and limited assistance in any other ADL?

**If yes, individual is eligible for the highest need Long Term Care (LTC) Group.** If no, proceed to Step 3.

**Step 3**

Does the individual have a severe impairment with decision making skills **or** a moderate impairment with decision making skills **and** one of the following behavioral symptoms/conditions that is not easily altered?

Wandering	Physical abuse	Resists Care
Verbal Abuse	Inappropriate Behavior	

**If yes, individual is eligible for the highest need LTC Group.** If No, proceed to Step 4.

**Step 4**

Does the individual have any of the following conditions or treatments that require skilled nursing assessment, monitoring, and care on a daily basis?

Stage 3 or 4 Skin Ulcers	2 <sup>nd</sup> or 3 <sup>rd</sup> Degree Burns	Ventilator/ Respirator
IV Medications	Parenteral Feedings	Naso-gastric Tube Feeding
End Stage Disease	Suctioning	

**If yes, individual is eligible for the highest need LTC Group.** If No, proceed to Step 5.

**Step 5**

Does the individual have an unstable medical condition that requires skilled nursing assessment, monitoring and care on a daily basis related to conditions or treatments including but not limited to the following?

Dehydration	Respiratory Therapy	Gastric Tube Feeding
Internal Bleeding	Septicemia	Quadripalgia
Aphasia	Pneumonia	
Transfusions	Cerebral Palsy	
Vomiting	Multiple Sclerosis Open	
Complex Wounds	Chemotherapy	
Aspirations	Tracheostomy	
Oxygen	Radiation Therapy	

**If yes, individual is eligible for the highest need LTC Group.**

**IF NO, THE INDIVIDUAL IS NOT ELIGIBLE FOR THE HIGHEST NEED LTC GROUP.**

## Home and Community-Based Pre-Eligibility Screen

1. Is the applicant a Vermont resident and age 18 or over?  
☐ Yes ☐ No ***IF NO, STOP.***
2. Is the applicant at least 65 years of age, or does she/he have a physical disability?  
☐ Yes ☐ No ***IF NO, STOP.***
3. Is the applicant eligible for (or will be applying for) Long-Term Care Medicaid?  
☐ Yes ☐ No ***IF NO, STOP.***
4. Does the applicant demonstrate a primary need for services due to a mental illness or developmental disability?  
☐ Yes ☐ No ***IF YES, STOP.***
5. Can the needs of the applicant be met with services other than the 1115 Waiver services (e.g. Medicare or Medicaid services)?  
☐ Yes ☐ No ***If YES, STOP.***
6. (a). Is the applicant currently participating in Hospice services and planning to continue these services?  
☐ Yes ☐ No *(If yes, answer 6b.)*  
(b). If “Yes”, is the applicant eligible for a variance to participate in both the 1115 waiver services and Hospice?  
☐ Yes ☐ No ***IF NO, STOP.***
7. Is the applicant currently receiving services under a 1915(c) Medicaid HCBS Waiver and planning to continue these services?  
☐ Yes ☐ No ***If YES, STOP.***
8. (a). Is the applicant currently receiving services under the Attendant Services Program and planning to continue these services?  
☐ Yes ☐ No *(If yes, answer 8b.)*  
(b). If “Yes”, is the applicant eligible for a variance to participate in both the 1115 waiver services and the Attendant Services Program?  
☐ Yes ☐ No ***IF NO, STOP.***
9. Can the applicant’s health and welfare be adequately ensured under the 1115 Waiver Program?  
☐ Yes ☐ No ***IF NO, STOP.***
10. If the applicant is currently living in an institution, is there a reasonable expectation that housing can be found?  
☐ Yes ☐ No ***IF NO, STOP. IF YES,***

***CONTINUE WITH CLINICAL ELIGIBILITY SCREENING (PAGE 1)***

***NOTE: If any of the answers to the questions above led to a “STOP”, then the applicant does not meet the “pre-screening” eligibility criteria for Home-Based 1115 waiver services.***

## **APPENDIX C**

## APPENDIX C

### *Current Nursing Home Level of Care Guidelines*

Access to publicly funded nursing home services and Medicaid Waiver services is limited to those individuals who meet the eligibility criteria for nursing home care, as set forth by the Department of Aging and Disabilities' Division of Licensing and Protection, via the local Medicare Certified Home Health Agencies. The following Nursing Home Level of Care Guidelines have been used for over twenty years to determine if nursing home placement is necessary and appropriate for an individual. Because each individual is unique, no set of guidelines can encompass all variables to be considered when determining level of care. Nursing facilities and the DA&D Medicaid Waiver program each have additional criteria for admission.

#### **REQUIREMENTS (A, B and C must all be met):**

**A.** The individual must require at least one service on a daily basis including care and/or rehabilitation. An aggregate of different services, as outlined in I, II, and III below, adding up to a 7 day per week basis, is acceptable.

**B.** Such care (A, above) is most effectively provided in a nursing home or through DA&D Medicaid Waiver services. The individual may meet standards for continued eligibility if evidence in the individual's case record shows that the individual's health condition will worsen if s/he is required to leave the nursing home or if DA&D Medicaid Waiver services are discontinued. Such evidence must include documentation of previous unsuccessful discharge attempts or written consultation reports and attending physician opinions.

**C.** Assessment for health services needed, care planning, evaluation and monitoring of an individual's response to care and treatment is necessary and conducted by a registered nurse.

#### **I. CARE AND SERVICES**

The individual must require at least one service on a daily basis (A, above). a. Activities of Daily Living (ADLs):

Bathing..... Moderate to total assistance required in the act of washing.  
Does not include assistance getting in or out of the tub.

Bowel and bladder function.....Frequent incontinence of bowel and/or bladder.

Dressing..... Moderate to total assistance required.

Eating.....Must be fed or require more than encouragement to sustain  
adequate intake. Set-up assistance or cutting food is not  
included.

Ambulation.....Physical assistance to walk.

Transferring.....Physical assistance to move from bed to chair or from one  
surface to another.

b. Rehabilitation.....Skilled teaching required to regain control, function in ADLs;  
gait training, speech, range of motion, bowel and bladder  
training.

#### **NOTE:**

An individual who is assessed as requiring moderate to total assistance in ADLs will have MDS assessment (or Medicaid Waiver assessment) ADL codes of 3 or 4. Individuals who need lower levels of assistance may also be eligible, based on a combination of personal care and/or health factors.

## **II. CONDITIONS AND TREATMENTS**

The presence of one or more of the following conditions and treatments may qualify an individual for nursing home care or for DA&D Medicaid Waiver services.

Intravenous fluids/Intravenous medications.....Any need.

Medication injections.....Frequent titration, regulation or monitoring required for unstable medical condition.

Pain management.....Daily severe pain.

Pressure sores.....Stage III, IV, or multiple Stage II pressure sores.

Airway suctioning.....Any need.

Tube feedings.....Any nasogastric or new gastric feedings.

Ventilator or respirator.....Any need.

Wound care.....Application of dressings involving prescription medication and aseptic techniques for open wounds which may be infected or draining.

## **III. PSYCHOSOCIAL FACTORS**

Within the limits of PASARR and OBRA, psychosocial factors are considered. Psychosocial factors will be considered as justification for nursing home care services if the individual requires 24-hour care in order to meet health needs or if there is a determination that the individual's health will worsen if required to leave the nursing home facility or if DA&D Medicaid Waiver services are discontinued.

Cognition.....Impaired judgment and/or confusion, which requires constant or frequent direction with ADLs.

Behavioral symptoms.....Constant or frequent wandering, aggression, and/or inappropriate behavior, which requires controlled environment to maintain safety.

## **APPENDIX D**

## APPENDIX D

### VERMONT ASSISTED LIVING RESIDENCE AND RESIDENTIAL CARE HOME ASSESSMENT TOOL

NAME OF RESIDENCE: \_\_\_\_\_  
Date of Assessment: (Point of reference for all coding): \_\_\_\_\_  
Amended Assessment (for significant change in condition): \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
(For any noted changes within 21 days of initial assessment)

#### SECTION A: DEMOGRAPHIC INFORMATION

1. Resident Name: \_\_\_\_\_  
2. Gender: Female ☐ Male ☐ 3. Date of Birth: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
4. Social Security #: \_\_\_\_\_ 5. Date of Admission: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
6. Medicare/Medicaid #: \_\_\_\_\_ 7. Other Insurance: \_\_\_\_\_  
8. Physician: \_\_\_\_\_ 9. Physician's Phone: \_\_\_\_\_  
10. Marital Status: ☐ Married ☐ Single ☐ Divorced ☐ Widowed  
11. Admitted from: ☐ Private home or apartment with home health services  
☐ Private home or apartment without home health services  
☐ Senior housing ☐ Hospital ☐ Assisted Living Residence  
☐ Nursing Home ☐ Residential Care Home ☐ Other \_\_\_\_\_  
12. If admitted from hospital, previous or primary residence was (list type of residence from those listed above in #11) \_\_\_\_\_

13. Name of contact person: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Address: \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_  
Name of second contact : \_\_\_\_\_ Relationship: \_\_\_\_\_  
Address: \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

14. Does the resident have (*check all that apply*):

- ☐ Resident responsible for self  
☐ Case Manager Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
Agency: \_\_\_\_\_  
☐ Legal Guardian Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
Address: \_\_\_\_\_  
☐ Other Legal Oversight Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
Address: \_\_\_\_\_  
☐ Durable Power of Attorney/Health Care  
Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
Address: \_\_\_\_\_  
☐ Durable Power of Attorney/Financial  
Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
Address: \_\_\_\_\_  
☐ Family Member/Friend Involved  
Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
Address: \_\_\_\_\_  
☐ Copy of forms in resident's file.

Date of Hospitalization: Date of Return: Hospital Admitted to:	Date of Hospitalization: Date of Return: Hospital Admitted to:
Date of Hospitalization: Date of Return: Hospital Admitted to:	Date of Hospitalization: Date of Return: Hospital Admitted to:

15. Check any of the following that apply:

- ☐ Living Will      ☐ Do not hospitalize      ☐ Autopsy request      ☐ Do not resuscitate  
☐ Organ donation      ☐ Feeding restrictions (please list) \_\_\_\_\_  
☐ Medication restrictions (please list): \_\_\_\_\_  
☐ Other treatment restrictions (please list): \_\_\_\_\_  
☐ None of the above

16. Reason for assessment:

- ☐ Admission      ☐ Significant change      ☐ Annual/Semi-annual assessment  
☐ Other (specify): \_\_\_\_\_

17. Does the resident have allergies?

Food: ☐ Yes      ☐ No      Medication: ☐ Yes      ☐ No

18. Lifetime occupation(s): \_\_\_\_\_

19. Religious preference: \_\_\_\_\_

20. Funeral arrangements: \_\_\_\_\_

### ***SECTION AC: CUSTOMARY ROUTINE***

***Complete at initial admission only.***

***Check all that apply. If all information UNKNOWN, check last box only.***

#### Cycle of Daily Events

- A. ☐ Stays up late at night (e.g. after 9 p.m.)  
B. ☐ Naps regularly during day (at least 1 hour)  
C. ☐ Goes out 1+ days a week  
D. ☐ Stays busy with hobbies, reading, or fixed daily routine  
E. ☐ Spends most of time alone or watching TV  
F. ☐ Moves independently indoors (with appliances, if used)  
G. ☐ Use of tobacco products at least daily  
H. ☐ NONE OF ABOVE

#### Eating Patterns

- I. ☐ Distinct food preferences  
J. ☐ Eats between meals all or most days  
K. ☐ Use of alcoholic beverage(s) at least weekly  
L. ☐ Eats less than three meals per day. If yes, indicate how many meals taken per day: \_\_\_\_\_  
M. ☐ NONE OF ABOVE

#### ADL Patterns

- N. ☐ In bedclothes much of day  
O. ☐ Wakens to toilet all or most nights  
P. ☐ Has irregular bowel movement pattern  
Q. ☐ Showers for bathing  
R. ☐ Bathing in PM  
S. ☐ NONE OF ABOVE

#### Involvement Patterns

- T. ☐ Daily contact with relatives/close friends  
U. ☐ Usually attends church, temple, synagogue (etc.)  
V. ☐ Finds strength in faith  
W. ☐ Daily animal companion/presence  
X. ☐ Involved in group activities  
Y. ☐ NONE OF ABOVE  
Z. ☐ UNKNOWN—Resident/family unable to provide information



## ***SECTION B: COGNITIVE PATTERNS***

### **A. Memory (Recall or what was learned or known)**

- a. Short-term memory OK : seems/appears to recall after 5 minutes. ☐ OK ☐ Problems  
b. Long-term memory OK: seems/appears to recall long past. ☐ OK ☐ Problems

### **B. Memory/Recall Ability (Check all that resident was normally able to recall during last 7 days)**

- a. ☐ Current season    b. ☐ Location of own room    c. ☐ Staff names/faces  
d. ☐ Current residence    e. ☐ NONE OF ABOVE are recalled

### **C. Cognitive Skills for Daily Decision-Making (Made decisions regarding tasks of daily life)**

- a. ☐ Independent—decisions consistent/reasonable  
b. ☐ Modified independence—some difficulty in new situations only  
c. ☐ Moderately impaired—decision poor/cues/supervision required  
d. ☐ Severely impaired—never/rarely makes decisions

### ***D. Indicators of Delirium***

- a. ☐ Easily distracted (e.g. difficulty paying attention; gets sidetracked)  
b. ☐ Periods of altered perception or awareness of surroundings (e.g. moves lips or talks to someone not present; believes he/she is somewhere else; confuses night and day)  
c. ☐ Episodes of disorganized speech (e.g. speech is incoherent, nonsensical, irrelevant, or rambling from subject to subject; loses train of thought)  
d. ☐ Periods of restlessness (e.g. fidgeting or picking at skin, clothing, napkins, etc; frequent position changes; repetitive physical movements or calling out)  
e. ☐ Periods of lethargy (e.g. sluggishness; staring into space; difficult to arouse; little body movement)  
f. ☐ Mental function varies over the course of the day (e.g. sometimes better, sometimes worse; behaviors sometimes present, sometimes not)  
g. ☐ NONE OF ABOVE

### **E. Change in Cognitive Status (Resident's cognitive status, skills, or abilities have changed in the last 90 days or since the last assessment)**

- a. ☐ No change    b. ☐ Improved    c. ☐ Deteriorated    d. ☐ First assessment

## ***SECTION C: COMMUNICATION/HEARING PATTERNS***

### **1. Hearing Patterns**

- A. ☐ Hears adequately (normal talk, TV, phone)  
B. ☐ Minimal difficulty (when not in quiet setting)  
C. ☐ Hears in special situations only (speaker has to adjust tonal quality and speak distinctly)  
D. ☐ Highly impaired (absence of usual hearing)

### **2. Communication Devices/Techniques**

- A. ☐ Hearing aid present and used  
B. ☐ Hearing aid present and not used regularly  
C. ☐ Other receptive communication techniques used (e.g. lip reading)  
D. ☐ NONE OF ABOVE

### **3. Modes of Expression**

- A. ☐ Speech  
B. ☐ Writing messages to express or clarify needs  
C. ☐ American sign language or Braille  
D. ☐ Signs/gestures/sounds

- E. ☐ Communication board

- F. ☐ Other \_\_\_\_\_  
G. ☐ NONE OF ABOVE

#### 4. Making Self Understood

- A. ☐ Understood  
B. ☐ Usually understood (difficulty finding words or finishing thoughts)  
C. ☐ Sometimes understood (ability is limited to making concrete requests)  
D. ☐ Rarely/Never understood

#### 5. Ability to Understand

- A. ☐ Understands  
B. ☐ Usually understands (May miss part/intent of message)  
C. ☐ Sometimes understands (Responds to simple/direct communication)  
D. ☐ Rarely/Never understands

### SECTION D: VISION PATTERNS

*Ability to see in adequate light and with glasses if used.*

- A. ☐ Adequate (sees fine detail, including regular print in newspapers/books)  
B. ☐ Impaired (sees large print, but not regular print in newspapers/books)  
C. ☐ Moderately impaired (limited vision; not able to see newspaper headlines, but can identify objects)  
D. ☐ Highly impaired (object identification in question, but eyes appear to follow objects)  
E. ☐ Severely impaired (no vision or sees only light, colors, or shapes; eyes do not appear to follow objects)  
F. If resident uses glasses, is resident able to get his/her glasses without assistance? ☐ Yes ☐ No

### SECTION E: MOOD AND BEHAVIOR PATTERNS

#### 1. Indicators of Depression, Anxiety, Sad Mood

(Record the appropriate code listed below for the frequency of each symptom observed in last 30 days or since admission, irrespective of assumed cause. List a 0,1, or 2 for each question listed in A-P below.)

0=Not exhibited in last 30 days

1=This type exhibited up to 1-5 days a week

2=This type exhibited daily or almost daily (6-7 days/week)

#### VERBAL EXPRESSIONS OF DISTRESS

- A. \_\_\_\_ Resident made negative statement  
B. \_\_\_\_ Repetitive questions  
C. \_\_\_\_ Repetitive verbalizations  
D. \_\_\_\_ Persistent anger with self or others  
E. \_\_\_\_ Self-deprecation  
F. \_\_\_\_ Expressions of fears that appear to be unrealistic  
G. \_\_\_\_ Recurrent statement that something terrible is about to happen  
H. \_\_\_\_ Repetitive health complaints  
I. \_\_\_\_ Repetitive anxious complaints/concerns

#### SLEEP-CYCLE ISSUES

- J. \_\_\_\_ Unpleasant mood in morning  
K. \_\_\_\_ Insomnia/change in usual sleeping pattern

#### SAD, APATHETIC, ANXIOUS APPEARANCE

- L. \_\_\_\_ Sad, pained, worried facial expressions  
M. \_\_\_\_ Crying, tearfulness  
N. \_\_\_\_ Repetitive physical movement

#### LOSS OF INTEREST

- O. \_\_\_\_ Withdrawal from activities of interest

P. \_\_\_\_\_ Reduced social interaction

## 2. Mood Persistence

One or more indicators of depressed, sad or anxious mood were not easily altered by attempts to “cheer up”, console, or reassure the resident over the last 7 days. **(Circle correct answer)**

- 0. No mood indicators
- 1. Indicators present, easily altered
- 2. Indicators present, not easily altered

## 3. Behavioral Symptoms

**(IF ANY OF THE ANSWERS BELOW ARE CODED a 1 OR a 2, COMPLETE SUPPLEMENT FOR BEHAVIOR AND COGNITION, pages 19 – 20.)**

Problem behavior (code for behavior in last 7 days)

0 = behavior not exhibited

1 = behavior of this type occurred less than daily

2 = behavior occurred daily

- A. Wandering (moved with no rational purpose, seemingly oblivious to needs or safety) \_\_\_\_\_
- B. Verbally abusive (others were threatened, screamed at, cursed at) \_\_\_\_\_
- C. Physically abusive (others were hit, shoved, scratched, sexually abused) \_\_\_\_\_
- D. Socially inappropriate/disruptive behavior (made disruptive sounds, noisiness, screaming, self-abusive acts, sexual behavior or disrobing in public, smeared/threw food/feces, hoarding, rummaged through others' belongings) \_\_\_\_\_
- E. Resists care (resisted taking medications/injections, ADL assistance, or eating) \_\_\_\_\_

## 3. Change in Behavioral Symptoms

Resident's behavior as compared to last assessment:

- ☐ No change      ☐ Improved      ☐ Deteriorated      ☐ N/A (initial assessment)

## 4. Mental Health History

A. Does the resident have a current diagnosis for: ☐ Mental illness      ☐ Mental retardation      ☐ None

B. Does the resident receive services from: ☐ Psychologist      ☐ Private psychiatrist      ☐ Mental health center  
☐ None      ☐ Other \_\_\_\_\_

**If the answer to 4A and 4B above are NONE, skip the next 4 items 4C through 4F.**

C. Does the resident go to appointments at the mental health center? ☐ Yes ☐ No How often? \_\_\_\_\_

D. Does the resident attend: ☐ Day treatment (MH)      ☐ Day program (MR) # days/week: ☐ 1      ☐ 2-5

E. Does the resident take medication for a MI/MR condition? ☐ Yes ☐ No

F. If yes, who prescribes the medication? Name: \_\_\_\_\_ Phone: \_\_\_\_\_

## 5. Psychiatric Hospital Stays

Record the number of times resident was admitted with an overnight stay to a psychiatric hospital or psychiatric unit of a hospital in the last 12 months (or since the last assessment if less than one year). Enter 0 if no hospital admissions. \_\_\_\_\_

## ***SECTION F: PSYCHOSOCIAL WELL-BEING***

### **1. Sense of Initiative/Involvement** *(Check all that apply)*

- A. ☐ At ease interacting with others
- B. ☐ At ease doing planned or structured activities
- C. ☐ At ease doing self-initiated activities
- D. ☐ Establishes own goals
- E. ☐ Pursues involvement in life of residence (e.g. involved in group activities; responds positively to new activities; assists at religious services)
- F. ☐ Accepts invitations into most group activities
- G. ☐ NONE OF ABOVE

### **2. Unsettled Relationships** *(Check all that apply)*

- A. ☐ Covert/open conflict with or repeated criticism of staff
- B. ☐ Unhappy with roommate
- C. ☐ Unhappy with residents other than roommate
- D. ☐ Openly expresses conflict/anger with family
- E. ☐ Absence of personal contact with family/friend
- F. ☐ Recent loss of close family member/friend
- G. ☐ Does not adjust easily to change in routines
- H. ☐ NONE OF ABOVE

### **3. Past Roles** *(Check all that apply)*

- A. ☐ Strong identification with past roles and life
- B. ☐ Expresses sadness/anger/empty feeling over lost roles/status
- C. ☐ Resident perceives that daily routine (customary routine, activities) is very different from prior pattern in the community
- D. ☐ NONE OF ABOVE

## SECTION G: PHYSICAL FUNCTIONING

### 1. (A) ADL Self-Performance *(Code for resident's performance over all shifts during last 7 days-Not including setup. Code for the most dependent in a 24 hour period.)*

0 = Independent: No help or oversight OR Help/oversight provided only 1 or 2 times during last 7 days

1 = Supervision: Oversight, encouragement or cueing provided 3 or more times during last 7 days—OR—

Supervision (3 or more times) plus physical assistance provided only 1 or 2 times during last 7 days

2 = Limited Assistance: Resident highly involved in activity; received physical help in guided maneuvering of limbs, or other non-weight bearing assistance 3 or more times—OR—More help provided only 1 or 2 times during last 7 days

3 = Extensive Assistance: While resident performed part of activity, over last 7 day period, help of following type(s) provided 3 or more times: Weight bearing support; Full staff performance during part (but not all) of last 7 days

4 = Total Dependence: Full staff performance of activity during entire 7 days

**Code an N/A for Climbs Stairs Only if facility does not have stairs**

### (B) ADL Support Provided *(Code for MOST SUPPORT PROVIDED OVER ALL SHIFTS during last 7 days; code regardless of resident's self-performance classification)*

0 = No setup or physical help from staff 1 = Setup help only 2 = One person physical assist 3 = Two+ persons physical assist	Self- Performanc	Support
a. BED MOBILITY: how resident moves and positions self		
b. TRANSFER: how resident moves between surfaces		
c. WALK IN ROOM: how resident walks between locations in his/her room		
d. WALK IN CORRIDOR: how resident walks in corridor or in residence		
e. LOCOMOTION IN RESIDENCE: how resident moves between locations in his/her room and adjacent corridor on same floor		
f. LOCOMOTION OUT OF RESIDENCE: how resident moves to and returns from out of residence locations (e.g. areas set aside for dining activities, or treatment). If residence has only one floor, how resident moves to and from distinct areas on the floor		
g. DRESSING: how resident puts on, fastens, and takes off all items of street clothing including donning/removing prosthesis		
h. EATING: how resident eats and drinks (regardless of skill), includes intake of nourishment by other means (e.g. tube feeding, total parenteral nutrition)		
i. TOILET USE: how resident uses the bathroom (or commode, bedpan, urinal); transfer on/off toilet, cleanses, changes pad, manages ostomy or catheter, adjusts clothing		
j. PERSONAL HYGIENE: how resident maintains personal hygiene, including combing hair, brushing teeth, shaving, applying makeup, washing/drying face, hands, and perineum (EXCLUDE baths and showers)		
k. CLIMBS STAIRS: how resident climbs stairs		
l. BATHING: how resident takes full body bath/shower		

### 2. Body Control

A. ☐ Bedfast all or most of the time

B. ☐ Quadriplegia

C. ☐ Unsteady gait

D. ☐ Hemiplegia/hemiparesis (weakness/paralysis of 1 side)

E. ☐ Amputation

F. ☐ NONE OF ABOVE

**3. Modes of Locomotion**

- A. ☐ Cane/walker/crutch      C. ☐ Wheelchair primary mode of locomotion      E. NONE OF ABOVE  
 B. ☐ Wheeled self      D. ☐ other person wheeled

**4. Modes of Transfer**

- A. ☐ Bedfast all or most of the time      D. ☐ Transfer aid (e.g. slide board, trapeze, cane, walker, brace)  
 B. ☐ Lifted manually      E. ☐ Lifted mechanically  
 C. ☐ Bed rails used for bed mobility or transfer  
 D. ☐ NONE OF ABOVE

**5. Self-Performance in ADLs** (*Resident's ADL status or abilities compared to last assessment*).

- ☐ No change      ☐ Improved      ☐ Declined      ☐ N/A First assessment

**5A. IADL Self-Performance**

*(If questions within the shaded areas of the ADL Section G, Physical Functioning Page 7 are coded a 3 or 4, completion of this section is optional.)*

Code for level of independence in the last 30 days based on resident's involvement in the activity.

**A. Self-Performance Codes:**

0 = Independent: (With/without assistive devices)—No help provided.

1 = Done with help: Resident involved in activity with help, including supervision, reminders, and/or physical help is provided.

2 = Done by others: Full performance of the activity is done by others. The resident is not involved at all when the activity is performed.

**B. Performance Support Codes:**

0 = No support provided

1 = Supervision/cueing provided

2 = Set-up only is provided

3 = Physical assistance is provided

4 = Total dependence: The resident is not involved at all when the activity is performed

IADL	Self-Performance	Performance Support
a. Resident arranges for shopping for clothing, snacks or other incidentals.		
b. Resident shops for clothing, snacks, or other incidentals.		
c. Resident arranges suitable transportation.		
d. Resident manages finances: banking, handling checkbook, or paying bills.		
e. Resident manages cash, personal needs allowance.		
f. Resident prepares snacks, light meals.		
g. Resident uses phone.		
h. Resident does light housework, e.g. makes bed, dusts, or takes care of belongings.		

**5B. Transportation**

*(Check all that apply for the level of independence in the last 30 days based on resident's involvement in the activity.)*

- A. ☐ Resident drove car or used transportation independently to get to medical, dental appointments, necessary engagements or other activities.

- B. ☐ Resident rode to destination with staff, family, others (in car, van, public transportation) but was not accompanied to medical or dental appointments, necessary engagements, or other activities.
- C. ☐ Resident rode to destination with staff, family, others (in car, van, public transportation) and was accompanied to medical or dental appointments, necessary engagements, or other activities.
- D. ☐ Activity did not occur.

**6. ADL and IADL Functional Rehabilitation or Improvement Potential** *(Check all that apply)*

- A. ☐ Resident believes he/she is capable of increasing independence on at least some ADLs or IADLs.
- B. ☐ Direct care staff believe resident is capable of increased independence in at least some ADLs or IADLs.
- C. ☐ Resident able to perform tasks/activity but is very slow.
- D. ☐ Resident's abilities to perform using these activities differ or vary from morning to evening.
- E. ☐ Resident requires or only understands a one-step direction.
- F. ☐ Resident requires or only understands no more than a two-step direction.
- G. ☐ Resident could be more independent if he/she had special equipment (e.g. cane, walker, plate guard).
- H. ☐ Resident could perform more independently if some or all of ADL/IADL activities were broken into subtasks (task segmentation).
- I. ☐ Resident could be more independent if he/she received ADL or IADL skills training.
- J. ☐ NONE OF ABOVE

**7. New Devices Needed** *(Check all that apply)*

Resident expresses or gives evidence of needing new or additional assistive devices.

- |   |  |
|---|--|
| A. <input type="checkbox"/> Eyeglasses  | F. <input type="checkbox"/> Assistive dressing devices (e.g. button hook, velcro closings) |
| B. <input type="checkbox"/> Hearing aid   | G. <input type="checkbox"/> Dentures   |
| C. <input type="checkbox"/> Cane or walker  | H. <input type="checkbox"/> Other: _____   |
| D. <input type="checkbox"/> Wheelchair  | I. <input type="checkbox"/> NONE OF ABOVE  |
| E. <input type="checkbox"/> Assistive feeding devices (e.g. plate guard, stabilized built-up utensil) |  |

**8. Self-Performance in IADLs** *(Resident's IADL status or abilities compared to last assessment)*

- ☐ No change      ☐ Improved      ☐ Declined      ☐ N/A First assessment

**SECTION H: CONTINENCE IN LAST 14 DAYS**

**1. Bladder Continence** *(Check only one)*

*Control of urinary bladder function (if dribbles, volume is insufficient to soak through underpants) with appliances used (e.g. pads or incontinence program employed), in last 7 days.*

- ☐ CONTINENT: Complete control
- ☐ USUALLY CONTINENT: Incontinent episodes once a week or less
- ☐ OCCASIONALLY INCONTINENT: 2 or more times a week but not daily
- ☐ FREQUENTLY INCONTINENT: Tended to be incontinent daily, but some control present
- ☐ INCONTINENT: Inadequate control, multiple daily episodes

**2. Bowel Continence** *(Check only one)*

*In last 7 days, control of bowel movement, with appliance or bowel continence programs if employed*

- ☐ CONTINENT: Complete control
- ☐ USUALLY CONTINENT: Bowel incontinence episodes less than weekly
- ☐ OCCASIONALLY INCONTINENT: Bowel incontinent episodes once a week
- ☐ FREQUENTLY INCONTINENT: Bowel incontinent episodes 2 – 3 times a week
- ☐ INCONTINENT: Bowel incontinent all (or almost all) of the time

**3. Appliances and Programs** (Check all that apply)

- A. ☐ Any scheduled toileting plan  
B. ☐ Bladder retraining program  
C. ☐ External (condom) catheter  
D. ☐ Indwelling catheter  
E. ☐ Intermittent catheter  
F. ☐ Did not use bathroom/commode/urinal  
G. ☐ Pads/briefs used  
H. ☐ Enemas/irrigation  
I. ☐ Ostomy present  
J. ☐ NONE OF ABOVE

**4. Change in urinary continence** (Resident's urinary continence has changed as compared to status of 90 days ago or since last assessment if less than 90 days)

- ☐ No change      ☐ Improved      ☐ Deteriorated      ☐ N/A First assessment

**5. Use of incontinence supplies** (Check only one) (Resident's management of incontinence supplies, e.g. pads, briefs, ostomy, catheter in last 14 days.)

- A. ☐ Always continent  
B. ☐ Resident incontinent and able to manage incontinence supplies independently  
C. ☐ Resident incontinent and receives assistance with managing incontinence supplies  
D. ☐ Resident incontinent and does not use incontinence supplies

**SECTION I. DIAGNOSIS**

(Check only those diagnoses that have a relationship to current ADL status, cognitive status, mood and behavior status, medical treatments, nurse monitoring, or risk of death and have been documented in the resident's record.)

**Do not list inactive diagnoses. If none apply, check the NONE OF ABOVE box.**

**ENDOCRINE/METABOLIC/NUTRITION**

- A. ☐ Diabetes mellitus  
B. ☐ Hyperthyroidism  
C. ☐ Hypothyroidism

**HEART/CIRCULATION**

- D. ☐ Arteriosclerotic heart disease (ASHD)  
E. ☐ Cardiac dysrhythmias  
F. ☐ Congestive heart failure  
G. ☐ Deep vein thrombosis  
H. ☐ Hypertension  
I. ☐ Hypotension  
J. ☐ Peripheral vascular disease  
K. ☐ Other cardiovascular disease

**MUSCULOSKELETAL**

- L. ☐ Arthritis  
M. ☐ Hip fracture  
N. ☐ Missing limb (e.g. amputation)  
O. ☐ Osteoporosis  
P. ☐ Pathological bone fracture

**NEUROLOGICAL**

- Q. ☐ Alzheimer's disease  
R. ☐ Aphasia  
S. ☐ Cerebral palsy  
T. ☐ Cerebrovascular accident (stroke)  
U. ☐ Dementia other than Alzheimer's disease  
V. ☐ Hemiplegia/hemiparesis  
W. ☐ Multiple sclerosis  
X. ☐ Paraplegia  
Y. ☐ Parkinson's disease  
Z. ☐ Quadriplegia  
AA. ☐ Seizure disorder

- BB. ☐ Transient ischemic attacks

- CC. ☐ Traumatic brain injury

**PSYCHIATRIC/MOOD**

- DD. ☐ Anxiety disorder

- EE. ☐ Depression

- FF. ☐ Manic depressive (Bipolar)

- GG. ☐ Schizophrenia

**PULMONARY**

- HH. ☐ Asthma

- II. ☐ Emphysema/COPD

**SENSORY**

- JJ. ☐ Cataracts

- KK. ☐ Diabetic retinopathy

- LL. ☐ Glaucoma

- MM. ☐ Macular degeneration

**OTHER**

- NN. ☐ Allergies/Adverse reactions (specify)

- OO. ☐ Anemia

- PP. ☐ Cancer

- QQ. ☐ Renal failure

- RR. ☐ Tuberculosis-TB

- SS. ☐ HIV

- TT. ☐ Mental retardation (e.g. Down's syndrome, Autism, other organic condition related to Mental Retardation or Developmental disability)

- UU. ☐ Substance abuse (alcohol or drug)

- VV. ☐ Other psychiatric diagnosis (e.g. paranoia, phobias, personality disorder)

- WW. ☐ Explicit terminal prognosis

- XX. ☐ NONE OF ABOVE



**INFECTIONS ( if none apply check the NONE OF ABOVE box)**

- |   |   |
|---|---|
| A. <input type="checkbox"/> HIV Infection         | E. <input type="checkbox"/> Urinary tract infection in last 30 days |
| B. <input type="checkbox"/> Pneumonia             | F. <input type="checkbox"/> Wound infection                         |
| C. <input type="checkbox"/> Respiratory Infection | G. <input type="checkbox"/> NONE OF ABOVE                           |
| D. <input type="checkbox"/> Septicemia            |   |

**SECTION J: ORAL/NUTRITIONAL STATUS** (*Check all that apply*)

**1. Oral Problems**

- |   |  |
|---|--|
| A. <input type="checkbox"/> Mouth is "dry" when eating a meal | C. <input type="checkbox"/> Resident has difficulty brushing teeth or dentures |
| B. <input type="checkbox"/> Mouth pain                        | D. <input type="checkbox"/> NONE OF ABOVE                                      |

**2. Height and Weight**

*Record height in inches and weight in pounds. Base weight on most recent measure in last 30 days, or since last assessment; measure weight consistently in accord with standard Residence practice—e.g. in a.m. after voiding, before meal, with shoes off, and in nightclothes.*

Height \_\_\_\_\_ Weight \_\_\_\_\_

**3. Weight Change**

(e.g. 5% or more in a 30 day period or 10% in the past 6 months)

- |                |                              |                             |   |
|----------------|------------------------------|-----------------------------|---|
| A. Weight Loss | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A First assessment |
| B. Weight Gain | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A First assessment |

**4. Nutritional Problems ( In last seven days or since admission)**

- A. ☐ Chewing or swallowing problem  
B. ☐ Complains about the taste of many foods  
C. ☐ Regular or repetitive complaints of hunger  
D. ☐ Leaves 25% or more of food uneaten at most meals

**5. Nutritional Approaches**

- A. ☐ Parenteral IV  
B. ☐ Feeding tube  
C. ☐ Syringe (oral feeding)  
D. ☐ On a planned weight change program  
E. ☐ Therapeutic diet  
F. ☐ Mechanically altered (or pureed) diet  
G. ☐ Noncompliance with diet  
H. ☐ Food allergies (specify) \_\_\_\_\_  
I. ☐ Restrictions (specify) \_\_\_\_\_  
J. ☐ NONE OF ABOVE

**SECTION K: ORAL/DENTAL STATUS**

- A. ☐ Debris (soft, easily movable substances) present in mouth prior to going to bed  
B. ☐ Has dentures or removable bridges  
C. ☐ Some/all natural teeth lost-does not have or does not use dentures (or partial plates)  
D. ☐ Broken, loose, or canous teeth  
E. ☐ Inflamed gums (gingival; swollen or bleeding gums; oral abscesses; ulcers or rashes)  
F. ☐ Daily cleaning of teeth/dentures or daily mouth care- by resident or staff

G. ☐ NONE OF ABOVE

H. **SECTION L: SKIN CONDITION**

1. **Ulcers** (*Record the number of ulcers at each ulcer stage—regardless of cause. If none present at a stage, record “0” (zero). Code all that apply during last 7 days or since last assessment. Code 9 = 9 or more*) (*Requires full body exam*)

- A. \_\_\_\_\_ **Stage 1:** A persistent area of skin redness (without a break in the skin) that does not disappear when pressure is relieved.
- B. \_\_\_\_\_ **Stage 2:** A partial thickness loss of skin layers that presents clinically as an abrasion, blister, or shallow crater.
- C. \_\_\_\_\_ **Stage 3:** A full thickness of skin is lost, exposing the subcutaneous tissues—presents as a deep crater with or without undermining adjacent tissue.
- D. \_\_\_\_\_ **Stage 4:** A full thickness of skin and subcutaneous tissue is lost, exposing muscle or bone.

2. **Type of Ulcer** (*For each ulcer, code for the highest stage in the last 7 days or since last assessment using scale in item M1 above—e.g. 0 = none; stages 1,2,3,4*)

- A. \_\_\_\_\_ Pressure ulcer—any lesion caused by pressure resulting in damage of underlying tissue.
- B. \_\_\_\_\_ Stasis ulcer—open lesion caused by poor circulation in the lower extremities.

3. **Other Skin Problems or Lesions Present** (*Check all that apply during last 7 days or since last assessment*)

- A. ☐ Abrasions (scrapes)
- B. ☐ Burns
- C. ☐ Bruises
- D. ☐ Rashes, itchiness, body lice, scabs
- E. ☐ Open sores or lesions
- F. ☐ Skin tears or cuts (other than surgical)
- G. ☐ Surgical wounds
- H. ☐ NONE OF ABOVE

4. **Foot Problems**

- A. Resident or someone else inspects resident's feet on a regular basis? ☐ Yes ☐ No
- B. One or more foot problems or infections such as corns, calluses, bunions, hammer toes, overlapping toes, pain, or structural problem? ☐ Yes ☐ No

5. **Skin Treatments** (*Check all that apply in last 7 days*)

- |   |   |
|---|---|
| A. <input type="checkbox"/> Pressure relieving device(s) for chair  | H. <input type="checkbox"/> Ulcer care          |
| B. <input type="checkbox"/> Pressure relieving device(s) for bed  | I. <input type="checkbox"/> Surgical wound care |
| C. <input type="checkbox"/> Turning/positioning program   | J. <input type="checkbox"/> NONE OF ABOVE       |
| D. <input type="checkbox"/> Nutrition or hydration intervention to manage skin problems                       |   |
| E. <input type="checkbox"/> Application of dressings (with or without topical medications) other than to feet |   |
| F. <input type="checkbox"/> Application of ointments/medications (other than to feet)                         |   |
| G. <input type="checkbox"/> Other preventative or protective skin care (other than to feet)                   |   |

If any of the above skin treatments are provided by outside resources (e.g. home health agency, PNS, etc) please list here:

---

## SECTION M: ACTIVITY PURSUIT PATTERNS

### 1. General Activity Preferences *(Adapted to resident's current abilities)*

*(Check all preferences whether or not activity is currently available to resident)*

- |  |   |
|--|---|
| A. <input type="checkbox"/> Cards/other games              | J. <input type="checkbox"/> Watching TV                             |
| B. <input type="checkbox"/> Crafts/arts                    | K. <input type="checkbox"/> Gardening or plants                     |
| C. <input type="checkbox"/> Exercise/sports                | L. <input type="checkbox"/> Talking or conversing                   |
| D. <input type="checkbox"/> Dancing                        | M. <input type="checkbox"/> Helping others                          |
| E. <input type="checkbox"/> Music                          | N. <input type="checkbox"/> Doing chores around the house/residence |
| F. <input type="checkbox"/> Reading/writing                | O. <input type="checkbox"/> Cooking/baking                          |
| G. <input type="checkbox"/> Spiritual/religious activities | P. <input type="checkbox"/> Other _____                             |
| H. <input type="checkbox"/> Trips/shopping                 | Q. <input type="checkbox"/> NONE OF ABOVE                           |
| I. <input type="checkbox"/> Walking/wheeling outdoors      |   |

### 2. Preferred Activity Settings *(Check all settings at which activities are preferred.)*

- |   |   |
|---|---|
| A. <input type="checkbox"/> Own room                                | D. <input type="checkbox"/> Away from residence |
| B. <input type="checkbox"/> Day/activity room                       | E. <input type="checkbox"/> NONE OF ABOVE       |
| C. <input type="checkbox"/> Outside of the residence (e.g. in yard) |   |

### 3. Interaction with Family and Friends

- A. How often is resident visited by family or friends?
- |                                     |   |  |
|-------------------------------------|---|--|
| <input type="checkbox"/> No friends | <input type="checkbox"/> Once a week      | <input type="checkbox"/> 1-3 times a month |
| <input type="checkbox"/> None       | <input type="checkbox"/> 2-3 times a week | <input type="checkbox"/> Daily             |
- B. How often does resident talk by telephone with family and friends?
- |   |   |
|---|---|
| <input type="checkbox"/> No family or friends outside residence | <input type="checkbox"/> Once a week      |
| <input type="checkbox"/> None                                   | <input type="checkbox"/> 2-3 times a week |
| <input type="checkbox"/> 1-3 times a month                      | <input type="checkbox"/> Daily            |

### 4. Voting

- A. Is resident registered to vote? ☐ Yes ☐ No

### 5. Social Activities *(Check only one.)*

Resident's current level of participation in social, religious or other personal activities compared to last assessment:

- ☐ No change ☐ Improved ☐ Declined ☐ N/A First assessment

## SECTION N: MEDICATIONS

- A. Does the resident take medication? Include over the counter medications. ☐ Yes ☐ No

***If yes, answer the next 4 questions. If no, skip to Special Treatments and Procedures.***

- |   |  |
|---|--|
| B. Does the resident know what the medications are for?   | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| C. Does the resident know how to take the medications? (proper route)                                     | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| D. Does the resident know how often to take the medications?  | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| E. Does the resident communicate if the medication has had the desired effect or unintended side effects? | <input type="checkbox"/> Yes <input type="checkbox"/> No |

***A NO response to any question B. through E. indicates the resident needs medication administration. Inform the registered nurse. Have the nurse review and complete the MEDICATION SECTION.***

- |   |  |
|---|--|
| F. Does the resident control his/her own prescription medications?                      | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| G. Does the resident control his/her own over-the-counter medications?                  | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| H. Injections: Record the # of days injections of any type received during last 7 days. | _____  |

I. Who gives the injections? (*Choose one*)

- ☐ Resident  
☐ Residence Nurse  
☐ Home Health  
☐ Other \_\_\_\_\_

J. When was the last time the physician reviewed ALL the resident's medications? (*Choose one*)

- ☐ 1-6 months      ☐ 12 months      ☐ Over 1 year      ☐ Unknown

K. Medication Compliance (*Resident's level of compliance with medications prescribed by a physician/psychiatrist during last 30 days or since admission.*)

- ☐ Always compliant  
☐ Compliant some of the time (80% of the time or more often) or with some medications.  
☐ Rarely or never compliant

L. \_\_\_\_\_ Record the number of days during the last 7 days any of the following medications were used.;  
"0" if not used.

- \_\_\_\_\_ Anti-psychotic  
\_\_\_\_\_ Anti-anxiety  
\_\_\_\_\_ Anti-depressant  
\_\_\_\_\_ Hypnotic  
\_\_\_\_\_ Diuretic

## SECTION O: SPECIAL TREATMENTS AND PROCEDURES

### 1. Special Treatments, Procedures and Programs

a. SPECIAL CARE—Check treatments or programs received during the last 14 days.

#### TREATMENTS

- |   |  |
|---|--|
| A. <input type="checkbox"/> Chemotherapy or radiation             | G. <input type="checkbox"/> Oxygen therapy           |
| B. <input type="checkbox"/> Dialysis                              | H. <input type="checkbox"/> Suctioning               |
| C. <input type="checkbox"/> IV medication                         | I. <input type="checkbox"/> Tracheostomy care        |
| D. <input type="checkbox"/> Intake/output                         | J. <input type="checkbox"/> Transfusions             |
| E. <input type="checkbox"/> Monitoring acute medication condition | K. <input type="checkbox"/> Ventilator or respirator |
| F. <input type="checkbox"/> Ostomy care                           |  |

#### PROGRAMS

- |  |   |
|--|---|
| L. <input type="checkbox"/> Alcohol/drug treatment program   | R. <input type="checkbox"/> Case management               |
| M. <input type="checkbox"/> Alzheimer's/dementia special care unit   | S. <input type="checkbox"/> Day treatment program         |
| N. <input type="checkbox"/> Hospice care   | T. <input type="checkbox"/> Sheltered workshop/employment |
| O. <input type="checkbox"/> Home health  | U. <input type="checkbox"/> Transportation                |
| P. <input type="checkbox"/> Home care  | V. <input type="checkbox"/> Psychological rehabilitation  |
| Q. <input type="checkbox"/> Training in skills required to return to the community (e.g. taking medications, house work, shopping, transportation, ADLs) | W. <input type="checkbox"/> Respite                       |
|  | X. <input type="checkbox"/> NONE OF ABOVE                 |

b. **THERAPIES**-- Record the number of days the following therapies were administered (for at least 15 minutes a day) in the last 7 calendar days (Enter 0 if none or less than 15 minutes a day)

(A) = # of days administered for 15 minutes or more

Check B if therapy was received at the residence.

Check C if therapy was received out-of- residence.

	DAYS (A)	ON SITE (B)	OFF SITE (C)
a. Speech –language pathology and audiology services			
b. Occupational therapy			
c. Physical therapy			
d. Respiratory therapy			
e. Psychological therapy (by any licensed mental health professional)			

## 2. Special Programs for Mood, Behavior and Cognitive Loss

- A. ☐ Special behavioral symptom management program: a program of ongoing, comprehensive, interdisciplinary evaluation of behavioral symptoms. The purpose of such a program is to attempt to understand the “meaning” behind the resident’s behavioral symptoms in relation to the resident’s health and functional status, and social and physical environment. The ultimate goal of the evaluation is to develop and implement a plan of care that serves to reduce distressing symptoms.
- B. ☐ Special behavioral management program: includes resident-specific changes in the environment to address mood/behavior/cognitive patterns. Examples include placing a banner labeled “wet paint” across a closet door to keep the resident from repetitively emptying all the clothes out of the closet, or placing a bureau of old clothes in an alcove along a corridor to provide diversionary “props” for a resident who frequently stops wandering to rummage. Reorientation includes individual or group sessions that aim to reduce disorientation in confused residents, including environmental cueing in which all staff involved with the resident provide orienting information and reminders.
- C. ☐ Evaluation by a licensed mental health specialist since last assessment: an assessment of a mood, behavior disorder, or other mental health problem by a qualified clinical professional such as a psychiatrist, psychologist, psychiatric nurse, or psychiatric social worker. Do not check this item for routine visits by the residence social worker.
- D. ☐ Group therapy: resident regularly attends sessions at least weekly. Therapy is aimed at helping to reduce loneliness, isolation, and the sense that one’s problems are unique and difficult to solve. The session may take place either at the residence or outside the residence.
- E. Other \_\_\_\_\_
- F. ☐ NONE OF ABOVE

**3. Rehabilitative/Restorative Care** *(Record the number of days each of the following rehabilitative or restorative techniques or practices was provided to the resident for more than or equal to 15 minutes per day in the last 7 days). Enter 0 if none or less than 15 minutes daily.*

- A. \_\_\_\_ Range of motion (passive)  
 B. \_\_\_\_ Range of motion (active)  
 C. \_\_\_\_ Splint or brace assistance

### **TRAINING/SKILL PRACTICE IN:**

- D. \_\_\_\_ Bed mobility  
 E. \_\_\_\_ Transfer  
 F. \_\_\_\_ Walking

- G. \_\_\_\_ Dressing or grooming  
 H. \_\_\_\_ Eating or swallowing  
 I. \_\_\_\_ Amputation/prosthesis care  
 J. \_\_\_\_ Communication  
 K. \_\_\_\_ Other (specify) \_\_\_\_\_  
 L. \_\_\_\_ NONE OF ABOVE

**4. Skills Training** *(Record the number of days, in the last 30 days that each of the following IADLs were performed with assistance from staff as a skill training activity identified in the resident’s service plan.)*

**SKIP IF THE IADL SECTION, PAGE 8 WAS NOT COMPLETED.**

- A. \_\_\_\_ Meal preparation (snacks, light meals)  
 B. \_\_\_\_ Telephone use  
 C. \_\_\_\_ Light housework (makes own bed, takes care of belongings)

- D. \_\_\_\_\_ Laundry (sorts, folds, or washes own laundry)
- E. \_\_\_\_\_ Managing incontinence supplies (pads, briefs, ostomy, catheter)
- F. \_\_\_\_\_ Managing cash (handles cash, makes purchases)
- G. \_\_\_\_\_ Managing finances (banking, handling checkbook or savings account)
- H. \_\_\_\_\_ Arranges shopping (makes list, acquires help)
- I. \_\_\_\_\_ Shopping (for groceries, clothes, or incidentals)
- J. \_\_\_\_\_ Transportation (travel by various means to get to appointments or necessary engagements)
- K. \_\_\_\_\_ Medications (preparation and administration of medications)

**5. Preventive Health/Health Behaviors** (*Check all that the resident received in the past 2 years, if known.*)

<ul style="list-style-type: none"> <li>A. <input type="checkbox"/> Blood pressure monitoring</li> <li>B. <input type="checkbox"/> Hearing assessment</li> <li>C. <input type="checkbox"/> Vision test</li> <li>D. <input type="checkbox"/> Dental visit</li> <li>E. <input type="checkbox"/> Influenza vaccine</li> <li>F. <input type="checkbox"/> Pneumococcal vaccine (anytime)</li> <li>G. <input type="checkbox"/> Breast exam or mammogram</li> <li>H. <input type="checkbox"/> Pap smear</li> <li>I. <input type="checkbox"/> Other</li> </ul>	<p><b>Date: Month/Year</b></p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>
---	--

**6. Visiting Nurse/Home Health Therapies**

Has the resident received care or services from a home health nurse or aide since the last assessment?

☐ Yes ☐ No ☐ N/A First assessment

If yes, check all that apply:

	Less than once a week	Once a week	More than once/week
Nurse	_____	_____	_____
Nurse aide	_____	_____	_____

**7. Devices and Restraints** (*Codes: 0=not used; 1=used less than daily; 2 = used daily*)

- A. \_\_\_\_\_ Full bed rails on all open sides of bed
- B. \_\_\_\_\_ Trunk restraint
- C. \_\_\_\_\_ Other types of side rails, e.g. half, etc.
- D. \_\_\_\_\_ Chair prevents rising
- E. \_\_\_\_\_ Limb restraint

**SECTION P: DISCHARGE POTENTIAL**

- A. Does resident or family indicate a preference for another living arrangement? ☐ Yes ☐ No
- B. Does resident have a support person who is positive towards discharge? ☐ Yes ☐ No
- C. Is the stay projected to be of a short duration—discharge projected within 90 days (do not include expected discharge due to death) ? ☐ Yes ☐ No
- D. Has resident' self-sufficiency changed compared to last assessment?
  - ☐ No change ☐ Improved (receives fewer supports, needs less restrictive plan of care)
  - ☐ Deteriorated (receives more support) ☐ N/A First assessment

**NOTES:**

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**SECTION Q: ASSESSMENT INFORMATION**

**1. Participation in Assessment**

- A. Resident ☐ Yes ☐ No
- B. Family ☐ Yes ☐ No ☐ No family
- C. Legal representative ☐ Yes ☐ No

**2. SIGNATURES OF PERSONS COMPLETING ASSESSMENT:**

a. Signature of Residence Nurse completing assessment (sign on line below)

---

b. Signature of Resident or legal representative (sign on line below)

---

c. Date Residence Nurse signed as complete

-                      -  
Month              Day              Year

d. Other Signatures

Title

Sections

Date

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## ASSISTED LIVING RESIDENCE AND RESIDENTIAL CARE HOME ASSESSMENT TOOL

### SUPPLEMENTAL BEHAVIOR AND COGNITION INFORMATION

**Note:** This section is required if the answers on Page 5: Behavioral Symptoms were coded either a (1) or a (2). This section is optional for all other assessments.

This tool is to provide more detailed information for you and formal and informal caregivers about the resident's current cognitive and behavioral status. It will be helpful for staff to have this information before they begin providing services to the resident. This is also a useful tool for determining how the resident's status is changing over time.

#### BEHAVIOR

*Please check the description that most accurately describes the resident's behavior:*

##### 1. Sleep Pattern

- ☐ Unchanged from "normal" for the resident.
- ☐ Sleeps noticeably more or less than "normal".
- ☐ Restless, nightmares, disturbed sleep, increased awakenings.
- ☐ Up wandering for all or most of the night, inability to sleep.

##### 2. Wandering

- ☐ Does not wander.
- ☐ Does not wander. Is chair-bound or bed-bound.
- ☐ Wanders within the residence any may wander outside but does not jeopardize health and safety.
- ☐ Wanders within the residence. May wander outside, health and safety may be jeopardized. Does not have history of getting lost and is not combative about returning.
- ☐ Wanders outside and leaves grounds. Has a consistent history of leaving grounds, getting lost or being combative about returning. Requires a treatment plan that may include the use of psychotropic drugs for management and safety.

##### 3. Behavioral demands on others

- ☐ Attitudes, habits and emotional states do not limit the individual's type of living arrangement and companions.
- ☐ Attitudes, habits and emotional states limit the individual's type of living arrangement and companions.
- ☐ Attitudes, disturbances and emotional states create consistent difficulties that are not modifiable to manageable levels. The individual's behavior cannot be changed to reach the desired outcome through respite, existing residence staff, even given staff training.

##### 4. Danger to self and others

- ☐ Is not disruptive or aggressive and is not dangerous.
- ☐ Is not capable of harming self or others because of mobility limitations (is bed-bound or chair-bound)
- ☐ Is sometimes (1-3 times in the last 7 days) disruptive or aggressive either physically or verbally or is sometimes extremely agitated or anxious even after proper evaluation and treatment
- ☐ Is frequently (4 or more times during the last 7 days) disruptive or aggressive or is frequently extremely agitated or anxious and professional judgment is required to determine when to administer prescribed medications

☐ Is dangerous or physically abusive and even with proper evaluation and treatment may require physician's orders for appropriate intervention

### 5. Awareness of needs/Judgments

- ☐ Understands those needs that must be met to maintain self-care
- ☐ Sometimes (1-3 times in the last 7 days) has difficulty understanding those needs that must be met but will cooperate when given direction or explanation
- ☐ Frequently (4 or more times during the last 7 days) has difficulty understanding those needs that must be met but will cooperate when given direction or explanation
- ☐ Does not understand those needs that must be met for self-care and will not cooperate even though given direction or explanation

## COGNITION

*Please check the description that most accurately describes the resident's behavior:*

### 1. Memory for events

- ☐ Can recall details and sequences of recent experiences and remember names of meaningful acquaintances
- ☐ Cannot recall details or sequences of recent events or remember names of meaningful acquaintances
- ☐ Cannot recall entire events (e.g. recent outings, visits of relatives or friends) or names of close friends or relatives without prompting
- ☐ Cannot recall entire events or name of spouse or other living partner even with prompting

### 2. Memory and use of information

- ☐ Does not have difficulty remembering and using information. Does not require directions or reminding from others
- ☐ Has minimal difficulty remembering and using information. Requires direction and reminding from other 1 to 3 times per day. Can follow simple written instruction.
- ☐ Has difficulty remembering and using information. Requires direction and reminding from others 4 or more times per day.
- ☐ Cannot remember or use information. Requires continual verbal reminding.

### 3. Global confusion

- ☐ Appropriately responsive to environment.
- ☐ Nocturnal confusion on awakening.
- ☐ Periodic confusion during daytime.
- ☐ Nearly always confused.

### 4. Spatial orientation

- ☐ Oriented, able to find and keep his/her bearings.
- ☐ Spatial confusion when driving or riding in local community.
- ☐ Gets lost when walking in neighborhood.
- ☐ Gets lost in residence or present environment.

### 5. Verbal communication

- ☐ Speaks normally.
- ☐ Minor difficulty with speech or word-finding difficulties.
- ☐ Able to carry out only simple conversations.
- ☐ Unable to speak coherently or make needs known.

## **APPENDIX E**

## *Current Services outside the Waiver*

Note: In some cases, individuals could receive some of these services in addition to 1115 Waiver services.

### Home Health services (Medicare, Medicaid, private pay, other insurance)

- MSW
- RN
- LNA
- PT, OT, ST
- Hospice

### Older Americans Act

- Information and Referral (the Senior HelpLine)
- Nutrition Programs (Home-delivered meals, congregate meals, nutrition counseling)
- Case management
- Transportation
- National Family Caregiver Support Program
- Local support groups, programs and volunteer connections

### Other Services/Programs

- Dementia Respite grants
- Attendant Services Program (Medicaid and GF)
- Veteran's Administration
- Residential Care/Assisted Living (funded through Assistive Community Care Services – Medicaid State Plan)
- Adult Day (Day Health Rehabilitative Services, VA, private pay)
- Senior Centers
- Foster Grandparents
- Senior Companion
- Transportation (5310 program and Medicaid)
- Housing and Supportive Services (HASS) – in Senior Congregate Housing
- Home Access Program (home modifications through the Vermont Center for Independent Living)
- Home-delivered meals for people under age 60 (through the Vermont Center for Independent Living)
- Peer Advocate Counselors (through the Vermont Center for Independent Living)
- RSVP
- Essential Persons Program (PATH)
- Adult Protective Services
- Long-Term Care Ombudsman
- Office of Public Guardian
- Local support groups
- Elder Care clinicians and other mental health services (through community mental health centers)
- Housing subsidies
- Income benefits, e.g. fuel assistance, food stamps

## **APPENDIX F**

# *2001 Consumer Satisfaction Survey*

## *Executive Summary*

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### *Background*

As a part of a comprehensive strategy to improve Vermont's system of long-term care, the Department of Aging and Disabilities has crafted partnerships with counties and regions to plan and manage long-term care services available to Vermonters. As a part of these outcome-based partnerships, the Department routinely conducts surveys with consumers to measure satisfaction with systems of care and overall quality of life.

For the third year, the Department contracted with ORC Macro of Burlington, Vermont, to conduct a statewide survey of individuals receiving services from Department-sponsored programs in 2001. The survey was designed to provide objective information about long-term care consumers from different areas around the state, as well as to compare these results to those obtained in 1999 and in 2000. A combination of mail and telephone surveys were conducted with long-term care consumers in the Adult Day, Medicaid Waiver Services, Homemaker, and Attendant Services programs over the age of 18. In addition, results from a series of quality of life questions posed to a representative sample of the general Vermont population (who were not necessarily receiving long-term care services) were compared to the responses of long-term care consumers.

The 2000 and 2001 surveys were identical, and asked consumers about their experiences with the Attendant Services, Homemaker, Medicaid Waiver Services, and Adult Day Programs. However, the 1999 survey asked consumers questions about the Home Delivered Meals Program, rather than the Homemaker Program. Therefore, while 2000 and 2001 results may be directly compared, comparison of 1999 results to those of 2000 and 2001 should be considered general trends.

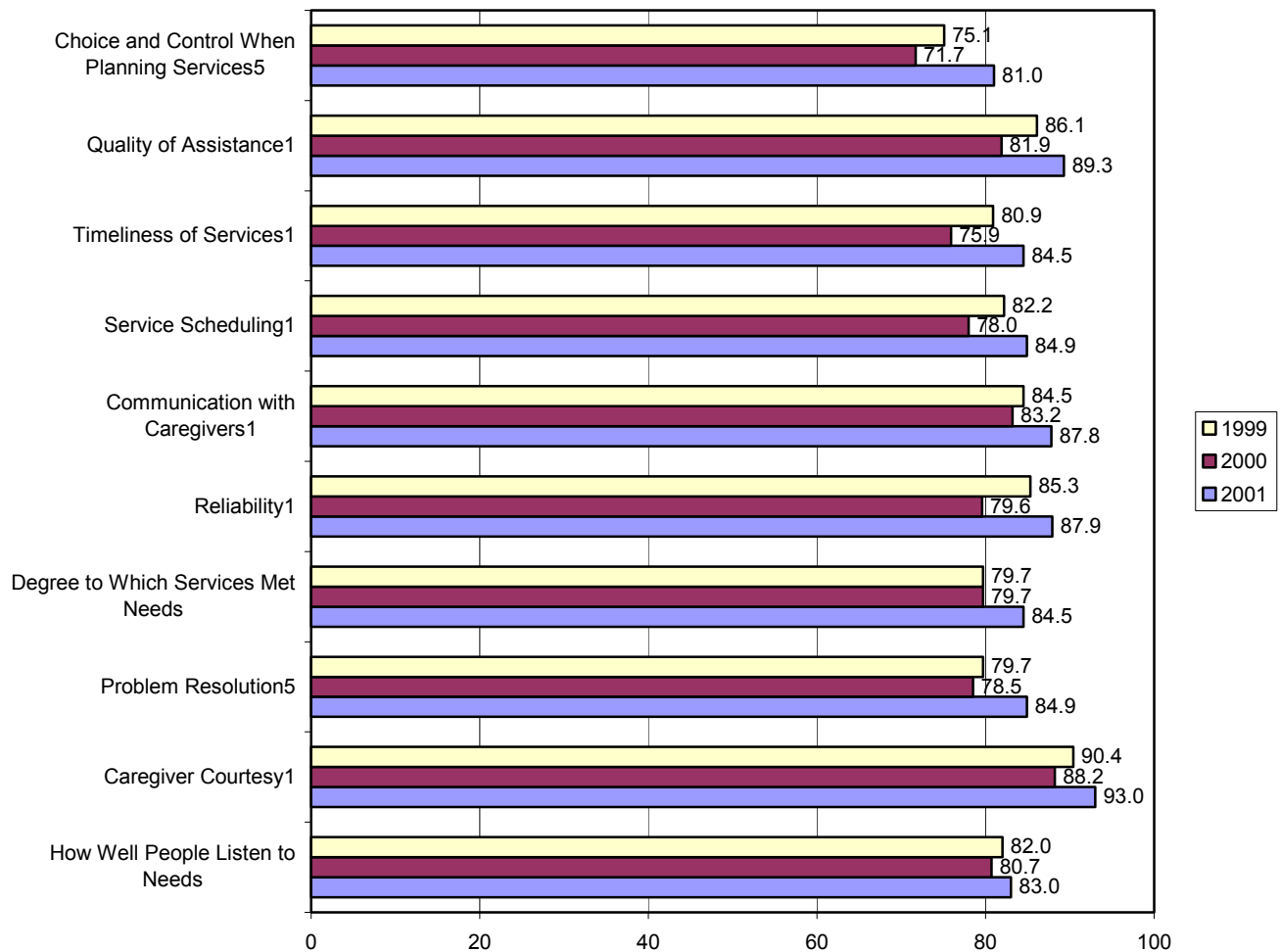
### *Overall Consumer Satisfaction*

Consumers of the State's long-term care services indicated overwhelming satisfaction and approval for the programs in which they participated. Satisfaction and approval ratings were consistently high across all measures. For the third year in a row, consumers were most satisfied with the courtesy shown by their caregivers, with 93% of consumers indicating they felt caregiver courtesy was either "excellent" or "good." Additionally, at least 85% of long-term care consumers statewide indicated similar levels of satisfaction with the quality of assistance they received (89.3%), the reliability of service (87.9%), and communication with caregivers (87.8%).

Long-term care consumers statewide were less satisfied with the amount of choice and control they had when planning their long-term care services, although their satisfaction level increased significantly in 2001 compared to 2000. Whereas only 71.7% of consumers rated the amount of choice and control they had as "excellent" or "good" in 2000, 81.0% rated this service element as "excellent" or "good" in 2001.

In 2001, the percentage of consumers who felt long-term care programs were a good value for the services they received remained consistent with 2000 results, at about 80%. Furthermore, an overwhelming majority (89.1%) of consumers felt the help they have received from long-term care services had made their lives “much” or “somewhat better.” Over 80% of consumers statewide felt it would be “difficult” or “very difficult” to stay in their homes if they did not receive long-term care services.

### Percentage of Respondents Statewide Who Rated Overall Services as "Excellent" or "Good"



<sup>1</sup> Indicates statistical difference between 2000 and 2001

<sup>2</sup> Indicates statistical difference between 1999 and 2001

<sup>3</sup> Indicates statistical difference between 1999 and 2000

<sup>4</sup> Indicates statistical difference between 1999, 2000 and 2001

<sup>5</sup> Indicates statistical difference between 1999 and 2001 and also 2000 and 2001

<sup>6</sup> Indicates statistical difference between 1999 and 2000 and also 2000 and 2001

<sup>7</sup> Indicates statistical difference between 1999 and 2000 and also 1999 and 2001

## **Quality of Life Among Long-Term Care Consumers**

Most elderly and disabled Vermonters who receive assistance from the state's long-term care programs perceived the quality of their life as being generally good. Specifically:

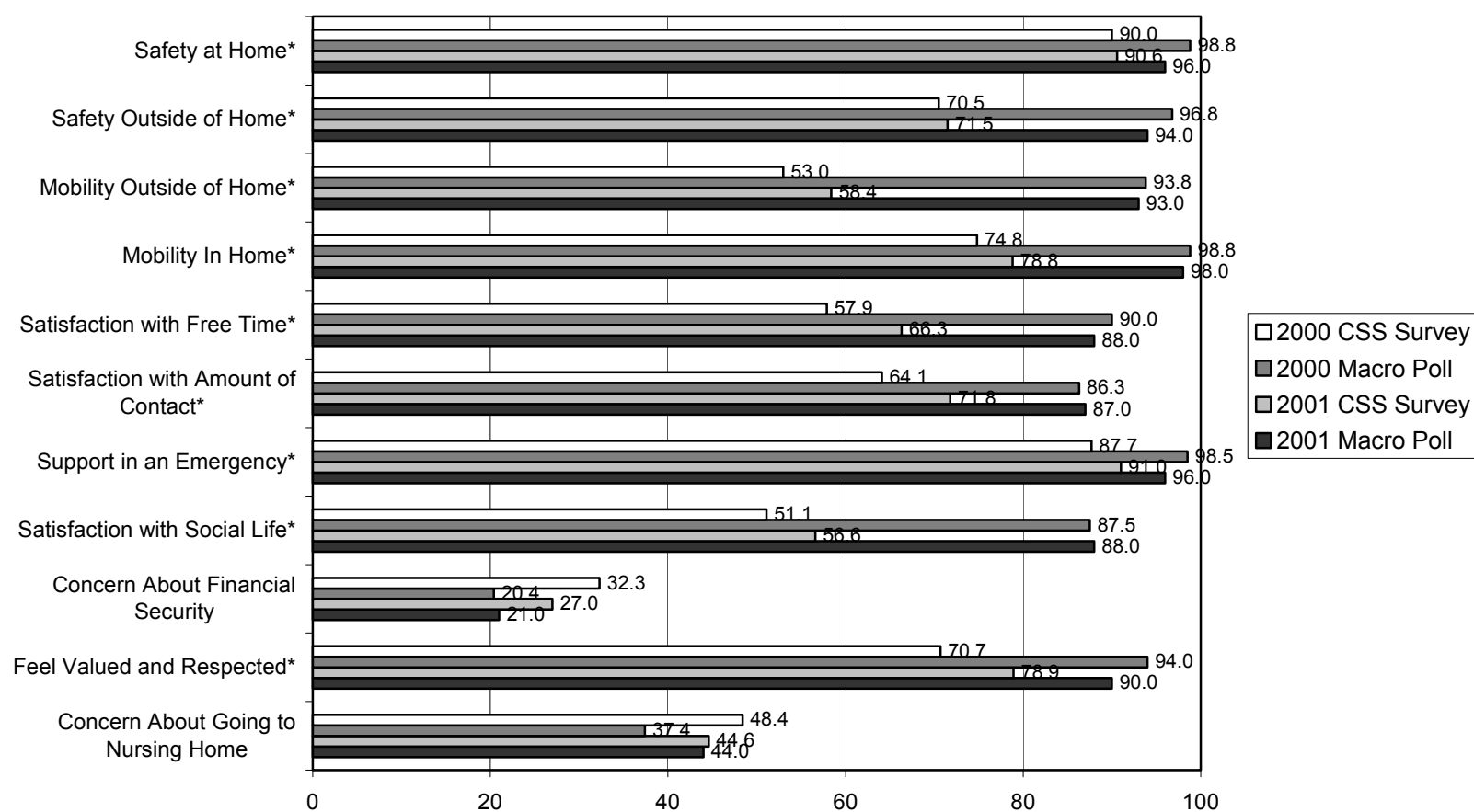
- Nearly 80% (78.9%) of consumers indicated they felt valued and respected.
- The majority of consumers felt safe in their home (90.6%) and safe in their communities (71.5%).
- Most consumers (91.%) had someone they can rely on for support in an emergency.

However, long-term care consumers may experience a lesser quality of life than other Vermonters. On similar quality of life measures, the general Vermont public was consistently more positive about the quality of their lives than long-term care consumers, and indicated significantly higher levels of satisfaction in a number of areas. For example:

- Long-term care consumers were far less likely than other Vermonters to be satisfied with their social lives and connections to the community. While 88.0% of Vermonters indicated they were satisfied with their social lives, only 56.6% of long-term care consumers felt the same way.
- Members of the general Vermont public were more than 15% more likely to be satisfied with the amount of contact they have with family and friends (87% vs. 71.8%).
- Elderly and disabled Vermonters participating in long-term care programs were less likely than the general Vermont public to feel valued and respected (78.9% compared to 90.0%).



**Quality-of-Life Measures: A Comparison of Macro Poll and CSS Results  
(Percentage of Respondents Indicating "Yes")**



*statistical difference between 2001 Macro Poll results and 2001 Consumer Satisfaction Survey (CSS) results*

**\*Indicates**

## **Consumer Satisfaction with Attendant Services Program**

Long-term care consumers who participated in the State's Attendant Services Program indicated high levels of satisfaction with the care they received. For each program aspect, at least 70% of consumers were "always" or "almost always" satisfied.

- Consumers were most satisfied with the respect and courtesy shown to them by their caregivers, with over 94% indicating they were "always" or "almost always" satisfied.
- Attendant Services consumers in 2001 were more likely to indicate they were satisfied with the quality of services compared to 2000 responses (92.9% vs. 85.8%).

## **Consumer Satisfaction with Homemaker Program**

Over 75% of long-term care consumers participating in the Homemaker Program were "always" or "almost always" satisfied with all program aspects.

- Nearly 88% of consumers indicated their caregivers "always" or "almost always" treated them with respect and courtesy.
- In 2001, significantly fewer consumers reported that they knew whom to contact with a complaint or request (76.9%) than in 2000 (88.1%).

## **Consumer Satisfaction with the Medicaid Waiver Program**

Elderly and disabled Vermonters participating in the state's Medicaid Waiver Program on average indicated higher levels of satisfaction with this program than all other programs evaluated in the study. These high levels of satisfaction did not change significantly in 2001 compared to 2000.

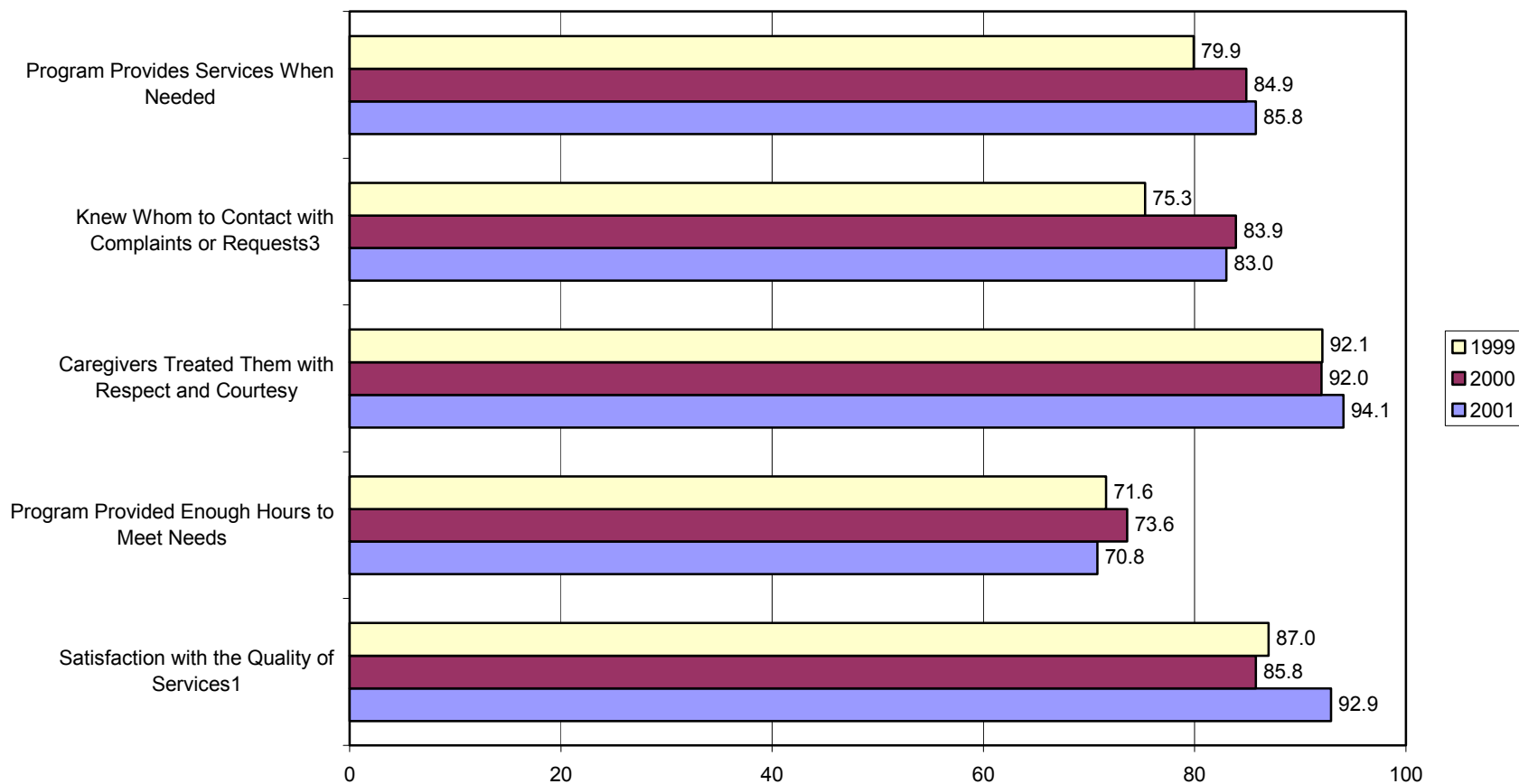
- Consumers were most satisfied with the respect and courtesy shown to them by their caregivers, with 95.2% having indicated their caregiver "always" or "almost always" treated them with respect and courtesy.
- Medicaid Waiver Program participants were least satisfied with when and where services were offered. However, even in this category, 87.9% of Medicaid Waiver Program consumers were satisfied with this program aspect.

## **Consumer Satisfaction with the Adult Day Center Program**

Satisfaction levels with the Adult Day Center Program appear lower than satisfaction levels with other programs. However, Adult Day Center consumers were asked to rate different program aspects than consumers of the other programs included in the survey. The majority of consumers were satisfied with many aspects of the Adult Day Center Program.

- Consumers were most satisfied with days and hours of the program operation: 86.0% were always or almost always satisfied with this aspect of the Adult Day Center program.
- In addition, 71.8% of Adult Day Center consumers felt that the activities offered by the program matched their interests.
- However, only 66.0% of consumers could regularly afford all of the hours or services required.

**Percentage of Respondents Who Were "Always" or "Almost Always" Satisfied  
with Attendant Services Program Aspects**



*1 Indicates statistical difference between 2000 and 2001*

*2 Indicates statistical difference between 1999 and 2001*

*3 Indicates statistical difference between 1999 and 2000*

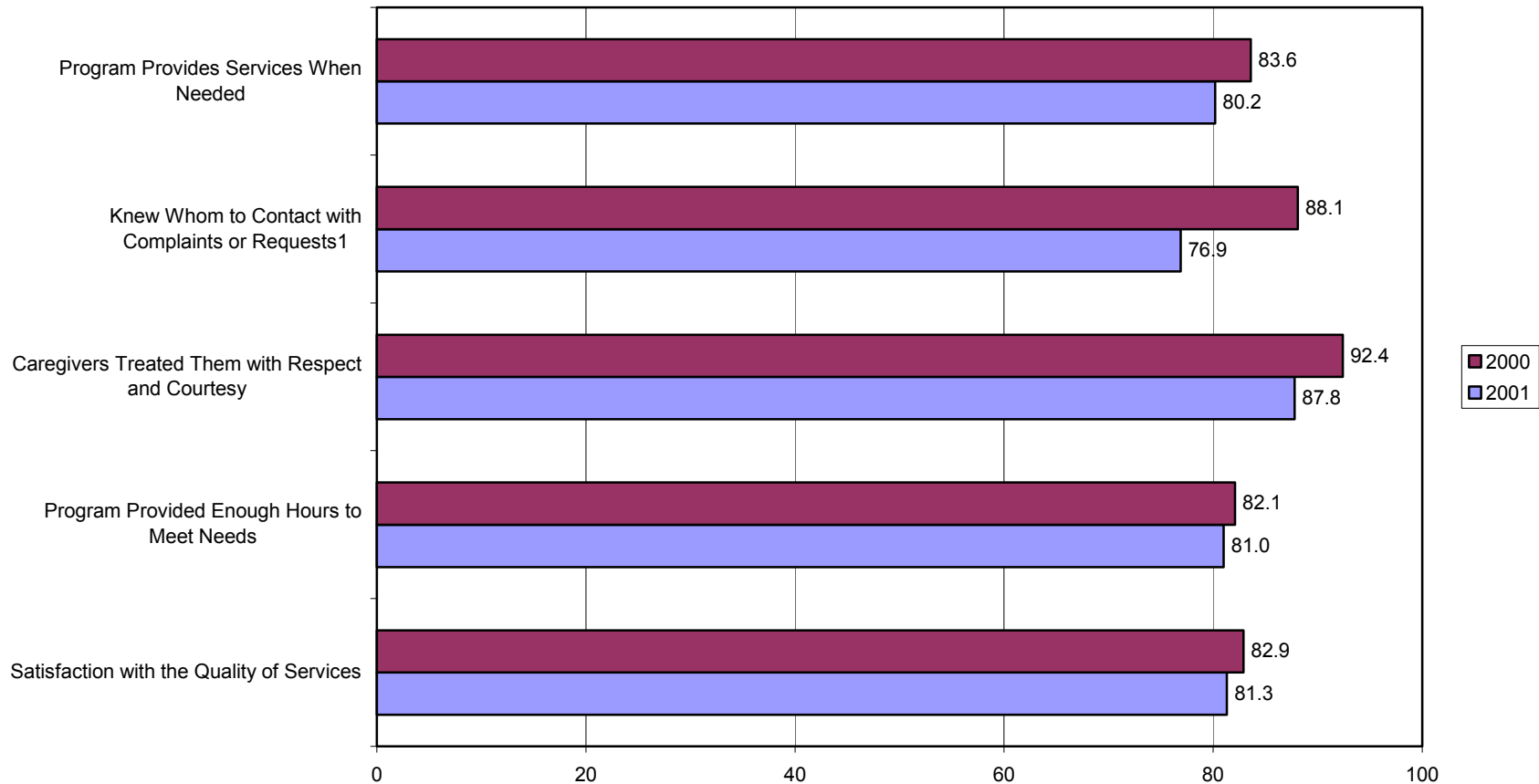
*4 Indicates statistical difference between 1999, 2000 and 2001*

*5 Indicates statistical difference between 1999 and 2001 and also 2000 and 2001*

*6 Indicates statistical difference between 1999 and 2000 and also 2000 and 2001*

*7 Indicates statistical difference between 1999 and 2000 and also 1999 and 2001*

**Percentage of Respondents Who Were "Always" or "Almost Always" Satisfied  
with Homemaker Program Aspects**



*1 Indicates statistical difference between 2000 and 2001*

*2 Indicates statistical difference between 1999 and 2001*

*3 Indicates statistical difference between 1999 and 2000*

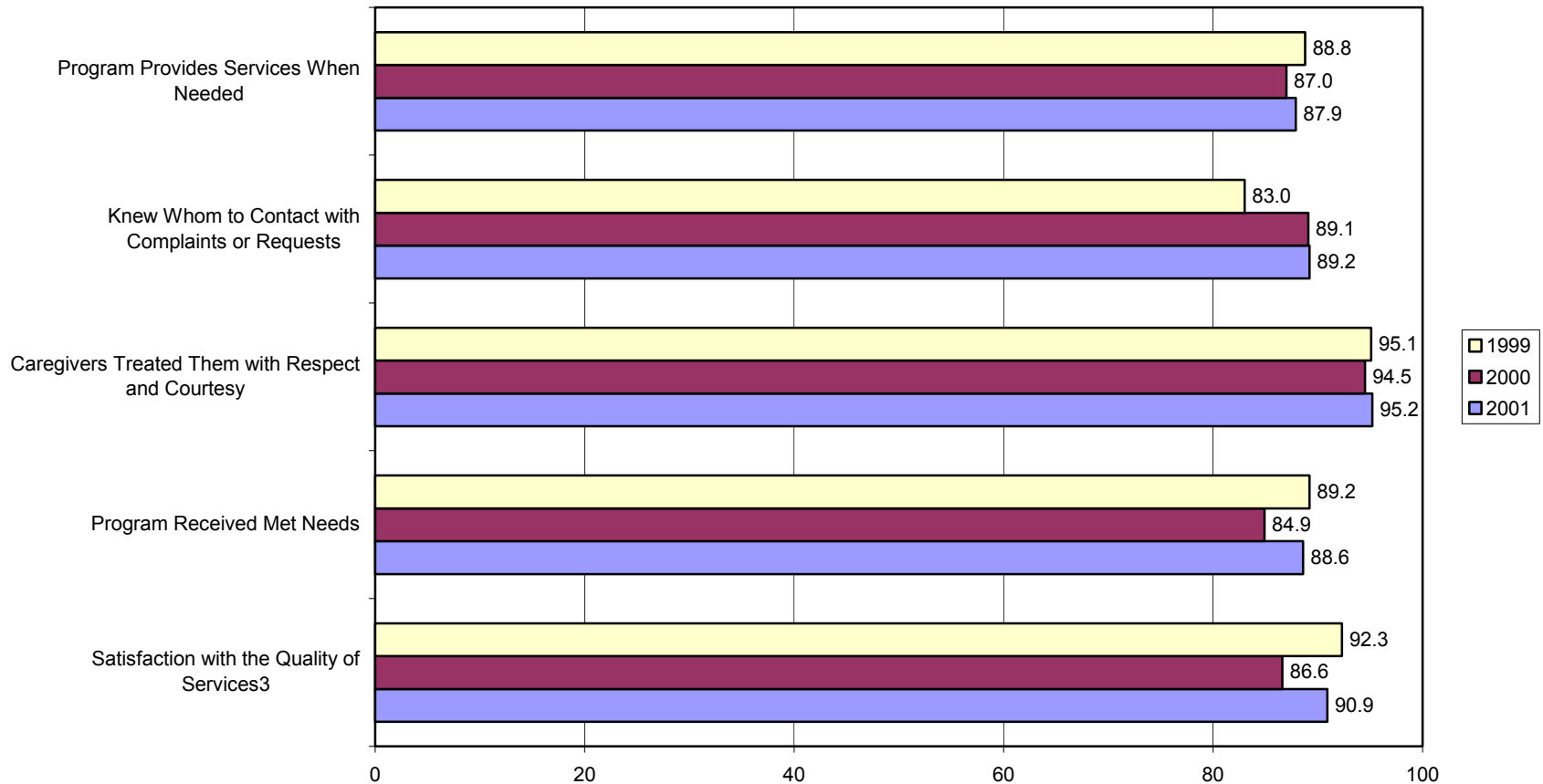
*4 Indicates statistical difference between 1999, 2000 and 2001*

*5 Indicates statistical difference between 1999 and 2001 and also 2000 and 2001*

*6 Indicates statistical difference between 1999 and 2000 and also 2000 and 2001*

*7 Indicates statistical difference between 1999 and 2000 and also 1999 and 2001*

**Percentage of Respondents Who Were "Always" or "Almost Always" Satisfied  
with Medicaid Waiver Program Aspects**



1 Indicates statistical difference between 2000 and 2001

2 Indicates statistical difference between 1999 and 2001

3 Indicates statistical difference between 1999 and 2000

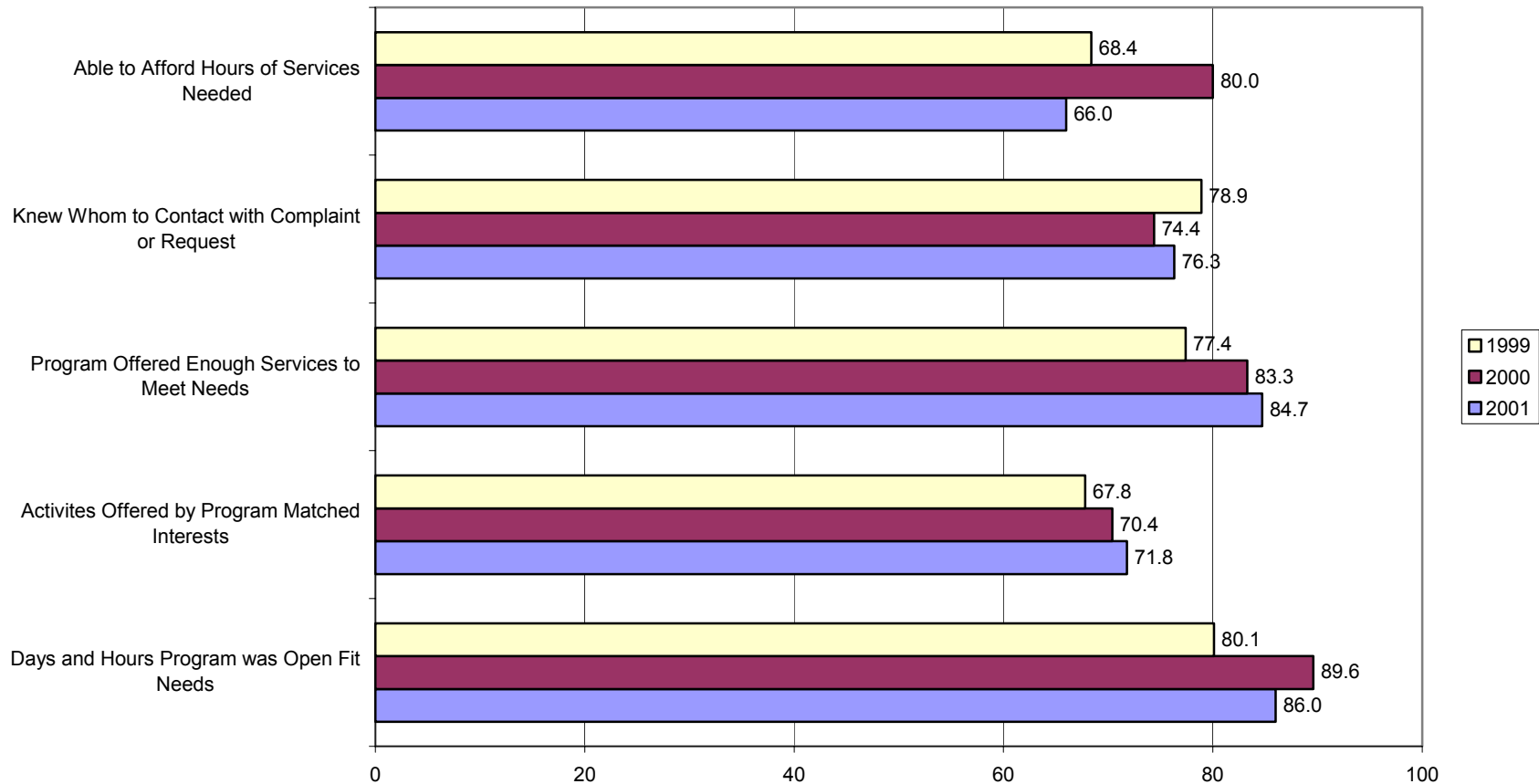
4 Indicates statistical difference between 1999, 2000 and 2001

5 Indicates statistical difference between 1999 and 2001 and also 2000 and 2001

6 Indicates statistical difference between 1999 and 2000 and also 2000 and 2001

7 Indicates statistical difference between 1999 and 2000 and also 1999 and 2001

**Percentage of Respondents Who Were "Always" or "Almost Always" Satisfied  
with Adult Day Center Program Aspects**



1 Indicates statistical difference between 2000 and 2001

2 Indicates statistical difference between 1999 and 2001

3 Indicates statistical difference between 1999 and 2000

4 Indicates statistical difference between 1999, 2000 and 2001

5 Indicates statistical difference between 1999 and 2001 and also 2000 and 2001

6 Indicates statistical difference between 1999 and 2000 and also 2000 and 2001

7 Indicates statistical difference between 1999 and 2000 and also 1999 and 2001

## **APPENDIX G**

# APPENDIX G

Vermont Agency of Human Services  
Department of Aging and Disabilities  
2001 Consumer Satisfaction Survey  
**PHONE SURVEY VERSION**  
*February 5, 2002*

## {Intro 1}

Hello, this is \_\_\_\_\_ calling from Macro International on behalf of the Vermont Department of Aging and Disabilities. May I please speak with {Name}?

- 1 Yes, on the phone
- 2 Yes, coming to phone {Repeat}
- 3 No, not available {Terminate}
- 4 Respondent physically/mentally not able to participate in survey {Go to Label Proxy}

## {Intro 2}

### Section 1: Introduction

I'm calling on behalf of the Vermont Agency of Human Services, Department of Aging and Disabilities. We're doing a study of customer satisfaction of Vermonters who use our services.

The information from this survey will be used to help the State of Vermont and your community improve long-term care services. You were chosen to participate in the survey because you receive or have received help in 2001 from a long-term care program such as Adult Day Programs, Medicaid Waiver Services, Homemaker Services and Attendant Services.

You can be assured that your responses to this survey will be strictly confidential. You're answers will never be shared with your caregivers, program staff, or anyone else associated with your care or services.

As you answer the next few questions, please respond in terms of your experience with your long-term care and services in general, rather than thinking of individual services. These services include Adult Day Programs, Medicaid Waiver Services, Homemakers Services and Attendant Services.

- 1 Continue {Go to Label Survey}
- 2 Terminate
- 3 Respondent physically/mentally not able to participate in survey {Go to Label Proxy}

{Label

Proxy}



It is important that we obtain information about {Name}'s experiences with long-term care services in the state. We'd like to conduct this survey with whoever is best able to answer for {Name}. May I speak to that person?

- 1 Yes, on the phone {Go to Label Proxy3}
- 2 Yes, respondent coming to the phone {Go to Label Proxy2}
- 3 No, not available {Terminate}

**{Label Proxy2}**

Are you the person that is best able to answer for {Name}?

- 1 Yes {Go to Proxy3}
- 2 No {Repeat Proxy}

**{Label Proxy3}**

We're doing a study of customer satisfaction of Vermonters who use our services. The information from this survey will be used to help the State of Vermont and your community improve long-term care services. {Name} was chosen to participate in the survey because {name} receives or has received help in the past from a long-term care program such as Adult Day Programs, Medicaid Waiver Services, Homemakers Services and Attendant Services.

All responses to this survey will be strictly confidential. {name}'s answers will never be shared with program staff, care givers, or anyone else associated with {name}'s care or services.

As you answer the next few questions, please respond in terms of {name}'s experience with long-term care and services in general, rather than thinking of individual services. These services include Adult Day Programs, Medicaid Waiver Services, Homemakers Services and Attendant Services.

**{Label Survey}**

## Section 2: General Satisfaction with Services

### Question 3:

For the next series of questions, please think about *all* of the services you receive and programs in which you participate. For example, if you participate in more than one program, think about your experiences with the services you receive from *all* of the programs as a group.

I am going to read some statements that describe various aspects of long-term care programs. Please give each statement a letter grade using a letter grade scale where A means Excellent, B means Good, C means Average, D means Poor, F means Unsatisfactory.

3.A The **amount of choice and control** you had when you planned the services or care you would receive. Would you say....

3.A.1 A= Excellent

3.A.2 B= Good

3.A.3 C= Average

3.A.4 D= Poor

3.A.5 F= Unsatisfactory

3.A.6 Does not apply to respondent [Do Not Read]

3.A.8 Don't know [Do Not Read]

3.A.9 Refused [Do Not Read]

3.B The overall **quality** of the help you receive. Would you say...

3.B.1 A= Excellent

3.B.2 B= Good

3.B.3 C= Average

3.B.4 D= Poor

3.B.5 F= Unsatisfactory

3.B.6 Does not apply to respondent [Do Not Read]

3.B.8 Don't know [Do Not Read]

3.B.9 Refused [Do Not Read]

3.C The **timeliness** of your services. *For example, did your services start when you needed them?* Would you say...

3.C.1 A= Excellent

3.C.2 B= Good

3.C.3 C= Average

3.C.4 D= Poor

3.C.5 F= Unsatisfactory

3.C.6 Does not apply to respondent [Do Not Read]

3.C.8 Don't know [Do Not Read]

3.C.9 Refused [Do Not Read]

3.D    **When** you receive your services or care? *For example, do they fit with your schedule?*  
Would you say...

3.D.1    A= Excellent

3.D.2    B= Good

3.D.3    C= Average

3.D.4    D= Poor

3.D.5    F= Unsatisfactory

3.D.6    Does not apply to respondent                      [Do Not Read]

3.D.8    Don't know    [Do Not Read]

3.D.9    Refused    [Do Not Read]

3.E    The **communication** between you and the people who help you?

3.E.1    A= Excellent

3.E.2    B= Good

3.E.3    C= Average

3.E.4    D= Poor

3.E.5    F= Unsatisfactory

3.E.6    Does not apply to respondent                      [Do Not Read]

3.E.8    Don't know    [Do Not Read]

3.E.9    Refused    [Do Not Read]

3.F    The **reliability** of the people who help you. *For example, do they show up when they are supposed to be there?* Would you say?

3.F.1    A= Excellent

3.F.2    B= Good

3.F.3    C= Average

3.F.4    D= Poor

3.F.5    F= Unsatisfactory

3.F.6    Does not apply to respondent                      [Do Not Read]

3.F.8    Don't know    [Do Not Read]

3.F.9    Refused    [Do Not Read]

3.G    The degree to which the services **meet your needs?** Would you say...

3.G.1    A= Excellent

3.G.2    B= Good

3.G.3    C= Average

3.G.4    D= Poor

- 3.G.5 F= Unsatisfactory
- 3.G.6 Does not apply to respondent [Do Not Read]
- 3.G.8 Don't know [Do Not Read]
- 3.G.9 Refused [Do Not Read]

3.H How well **problems or concerns** you have with your care are taken care of?

- 3.H.1 A= Excellent
- 3.H.2 B= Good
- 3.H.3 C= Average
- 3.H.4 D= Poor
- 3.H.5 F= Unsatisfactory
- 3.H.6 Does not apply to respondent [Do Not Read]
- 3.H.8 Don't know [Do Not Read]
- 3.H.9 Refused [Do Not Read]

3.I The **courtesy** of those who help you? Would you say...

- 3.I.1 A= Excellent
- 3.I.2 B= Good
- 3.I.3 C= Average
- 3.I.4 D= Poor
- 3.I.5 F= Unsatisfactory
- 3.I.6 Does not apply to respondent [Do Not Read]
- 3.I.8 Don't know [Do Not Read]
- 3.I.9 Refused [Do Not Read]

3.J How well did people **listen** to your needs and preferences? Would you say...

- 3.J.1 A= Excellent
- 3.J.2 B= Good
- 3.J.3 C= Average
- 3.J.4 D= Poor
- 3.J.5 F= Unsatisfactory
- 3.J.6 Does not apply to respondent [Do Not Read]
- 3.J.8 Don't know [Do Not Read]
- 3.J.9 Refused [Do Not Read]

4 For what you pay for the services you receive, do you find them to be of good value?

[If necessary: These services include Adult Day Programs, Medicaid Waiver Services, Homemakers Services and Attendant Services.]

4.1 Yes

4.2 No

4.6 Does not apply to respondent [Do Not Read]

4.8 Don't know [Do Not Read]

4.9 Refused [Do Not Read]

5 Would you say the help you have received has made your life...

5.1 Much better

5.2 Somewhat better

5.2 About the same

5.3 Somewhat worse

5.4 Much worse

5.6 Does not apply to respondent [Do Not Read]

5.8 Don't know [Do Not Read]

5.9 Refused [Do Not Read]

6 How easy would it be for you to stay in your home if you didn't receive services?  
Would you say...

6.1 Very easy

6.2 Easy

6.3 About the same

6.4 Difficult

6.5 Very difficult

6.6 Does not apply to respondent [Do Not Read]

6.8 Don't know [Do Not Read]

6.9 Refused [Do Not Read]

### Section 3: Quality of Life

7 The following questions refer to how you feel about your life now. Please indicate how well the statements describe your life with either yes, somewhat, or no.

7.A I feel safe in the home where I live. Would you say...

7.A.1 Yes

7.A.2 Somewhat

7.A.3 No

7.A.8 Don't know [Do Not Read]

7.A.9 Refused [Do Not Read]

7.B I feel safe out in my community. Would you say...

7.B.1 Yes

7.B.2 Somewhat

7.B.3 No

7.B.8 Don't know [Do Not Read]

7.B.9 Refused [Do Not Read]

7.C I can get where I need or want to go. Would you say...

7.C.1 Yes

7.C.2 Somewhat

7.C.3 No

7.C.8 Don't know [Do Not Read]

7.C.9 Refused [Do Not Read]

7.D I can get around inside my home as much as I need to. Would you say...

7.D.1 Yes

7.D.2 Somewhat

7.D.3 No

7.D.8 Don't know [Do Not Read]

7.D.9 Refused [Do Not Read]

7.E I am satisfied with how I spend my free time. Would you say...

7.E.1 Yes

7.E.2 Somewhat

7.E.3 No

7.E.8 Don't know [Do Not Read]

7.E.9 Refused [Do Not Read]

7.F I am satisfied with the amount of contact I have with my family and friends. Would you say...

7.F.1 Yes

7.F.2 Somewhat

7.F.3 No

7.F.8 Don't know [Do Not Read]

7.F.9 Refused [Do Not Read]

7.G I have someone I can count on in an emergency. Would you say...

7.G.1 Yes

7.G.2 Somewhat

7.G.3 No

7.G.8 Don't know [Do Not Read]

7.G.9 Refused [Do Not Read]

7.H I feel satisfied with my social life and with my connection to my community. Would you say...

7.H.1 Yes

7.H.2 Somewhat

7.H.3 No

7.H.8 Don't know [Do Not Read]

7.H.9 Refused [Do Not Read]

7.I I am concerned that I don't have enough money for the essentials. Would you say...

7.I.1 Yes

7.I.2 Somewhat

7.I.3 No

7.I.8 Don't know [Do Not Read]

7.I.9 Refused [Do Not Read]

7.J I feel valued and respected. Would you say...

7.J.1 Yes

7.J.2 Somewhat

7.J.3 No

7.J.8 Don't know [Do Not Read]

7.J.9 Refused [Do Not Read]

7.K I am concerned that some day I may have to go to a nursing home. Would you say...

7.K.1 Yes

7.K.2 Somewhat

7.K.3 No

7.K.8 Don't know [Do Not Read]

7.K.9 Refused [Do Not Read]

8. Overall, how would you rate your quality of life?

8.1. A= Excellent

8.2 B= Good

8.3 C= Average

8.4 D= Poor

8.5 F= Unsatisfactory

8.6 Does not apply to respondent [Do Not Read]

8.8 Don't know [Do Not Read]

8.9 Refused [Do Not Read]



For the next few questions, I would like you to think about the services you receive from each one of the state-sponsored programs in which you participate.

{Ask this section only for participants of the Attendant Services program, as indicated in the sample file.}

- Please rate your opinion about each of the statements using the following scale.**  
**Always, Almost Always, Sometimes, Seldom, or Never.**

- 9.B.1 Always
- 9.B.2 Almost always
- 9.B.3 Sometimes
- 9.B.4 Seldom
- 9.B.5 Never
- 9.B.8 Don't know [Do Not Read]
- 9.B.9 Refused [Do Not Read]

9.C My care giver(s) in the Attendant Services Program treat(s) me with respect and courtesy.  
Would you say...

9.C.1 Always

9.C.2 Almost always

9.C.3 Sometimes

9.C.4 Seldom

9.C.5 Never

9.C.8 Don't know [Do Not Read]

9.C.9 Refused [Do Not Read]

9.D I know whom to contact if I have a complaint about the Attendant Services Program or if  
I need more help from the Attendant Services Program Would you say...

9.D.1 Always

9.D.2 Almost always

9.D.3 Sometimes

9.D.4 Seldom

9.D.5 Never

9.D.8 Don't know [Do Not Read]

9.D.9 Refused [Do Not Read]

9.E The Attendant Services Program provides services to me when and where I need them.  
Would you say...

9.E.1 Always

9.E.2 Almost always

9.E.3 Sometimes

9.E.4 Seldom

9.E.5 Never

9.E.8 Don't know [Do Not Read]

9.E.9 Refused [Do Not Read]

**{Label HDM}**

## Section 5: Homemakers Program

{Ask this section only for participants of the Homemakers program, as indicated in the sample file.}

- 10 The following series of questions are about your experiences with Homemakers Program. [The Homemaker program serves adult Vermonters who need help at home with activities such as cleaning, laundry, shopping, respite care, and limited person care.](#)

Please rate your opinion about each of the statements using the following scale. Always, Almost Always, Sometimes, Seldom, or Never.

- 10.A I am satisfied with the quality of services I receive from the Homemaker program. Would you say...

- 10.A.1 Always
- 10.A.2 Almost always
- 10.A.3 Sometimes
- 10.A.4 Seldom
- 10.A.5 Never
- 10.A.8 Don't know [Do Not Read]
- 10.A.9 Refused [Do Not Read]

- 10.B The services I receive from the Homemaker program meet my needs. Would you say...

- 10.B.1 Always
- 10.B.2 Almost always
- 10.B.3 Sometimes
- 10.B.4 Seldom
- 10.B.5 Never
- 10.B.8 Don't know [Do Not Read]
- 10.B.9 Refused [Do Not Read]

- 10.C My caregivers in the Homemaker program treat me with respect and courtesy. Would you say...

- 10.C.1 Always
- 10.C.2 Almost always
- 10.C.3 Sometimes
- 10.C.4 Seldom
- 10.C.5 Never
- 10.C.8 Don't know [Do Not Read]
- 10.C.9 Refused [Do Not Read]

10.D I know who to contact if I have a complaint about the Homemaker program or if I need more help from the Homemaker program. Would you say...

10.D.1 Always

10.D.2 Almost always

10.D.3 Sometimes

10.D.4 Seldom

10.D.5 Never

10.D.8 Don't know

[Do Not Read]

10.D.9 Refused

[Do Not Read]

10.E The Homemaker Program provides services to me when and where I need them. Would you say...

10.E.1 Always

10.E.1 Almost always

10.E.3 Sometimes

10.E.4 Seldom

10.E.5 Never

10.E.8 Don't know

[Do Not Read]

10.E.9 Refused

[Do Not Read]

**{Label MWP}**

## Section 6: Medicaid Waiver Program

{Ask this section only for participants of the Medicaid Waiver program, as indicated in the sample file.}

11. The following series of questions are about your experiences with the Medicaid Waiver Program. [The Medicaid Waiver Program provides long-term care to elders and adults with physical disabilities who live at home. Services include help with personal care, adult day services, respite care, assistive devices and case management.](#)

Please rate your opinion about each of the statements using the following scale.  
Always, Almost Always, Sometimes, Seldom, or Never.

- 11.A I am satisfied with the quality of the services I receive from the Medicaid Waiver Program. Would you say...

11.A.1 Always

11.A.2 Almost always

11.A.3 Sometimes

11.A.4 Seldom

11.A.5 Never

11.A.8 Don't know

[Do Not Read]

11.A.9 Refused

[Do Not Read]

- 11.B The services I receive from the Medicaid Waiver Program meet my needs. Would you say...

11.B.1 Always

11.B.2 Almost always

11.B.3 Sometimes

11.B.4 Seldom

11.B.5 Never

11.B.8 Don't know

[Do Not Read]

11.B.9 Refused

[Do Not Read]

- 11.C My care giver(s) in the Medicaid Waiver Program treat(s) me with respect and courtesy. Would you say...

11.C.1 Always

11.C.2 Almost always

11.C.3 Sometimes

11.C.4 Seldom

11.C.5 Never

11.C.8 Don't know [Do Not Read]  
11.C.9 Refused [Do Not Read]

11.D I know whom to contact if I have a complaint about the Medicaid Waiver Program or if I need more help from the Medicaid Waiver Program. Would you say...

11.D.1 Always  
11.D.2 Almost always  
11.D.3 Sometimes  
11.D.4 Seldom  
11.D.5 Never  
11.D.8 Don't know [Do Not Read]  
11.D.9 Refused [Do Not Read]

11.E The Medicaid Waiver Program provides services to me when and where I need them. Would you say...

11.E.1 Always  
11.E.2 Almost always  
11.E.3 Sometimes  
11.E.4 Seldom  
11.E.5 Never  
11.E.8 Don't know [Do Not Read]  
11.E.9 Refused [Do Not Read]

## Section 7: Adult Day Services Program

{Ask this section only for participants of the Adult Day Services program, as indicated in the sample file.}

- 12 The following series of questions are about your experiences with the Adult Day Center Program. [Adult Day Centers provide day programs for adults with cognitive or physical disabilities including activities, social interaction, meals and personal and health screening.](#)

Please rate your opinion about each of the statements using the following scale. Always, Almost Always, Sometimes, Seldom, or Never.

- 12.A The days and hours that the Adult Day Center is open fit my needs. Would you say...

12.A.1 Always

12.A.2 Almost always

12.A.3 Sometimes

12.A.4 Seldom

12.A.5 Never

12.A.8 Don't know

[Do Not Read]

12.A.9 Refused

[Do Not Read]

- 12.B The activities offered at my Adult Day Center match my interests. Would you say...

12.B.1 Always

12.B.2 Almost always

12.B.3 Sometimes

12.B.4 Seldom

12.B.5 Never

12.B.8 Don't know

[Do Not Read]

12.B.9 Refused

[Do Not Read]

- 12.C The Adult Day Center offers enough services to suit my needs. For example, nursing, physical therapy, personal care and meals. Would you say...

12.C.1 Always

12.C.2 Almost always

12.C.3 Sometimes

12.C.4 Seldom

12.C.5 Never

12.C.8 Don't know

[Do Not Read]

12.C.9 Refused

[Do Not Read]

12.D I know whom to contact if I have a complaint about the Adult Day Center or if I need more help from the Adult Day Center program. Would you say...

12.D.1 Always

12.D.2 Almost always

12.D.3 Sometimes

12.D.4 Seldom

12.D.5 Never

12.D.8 Don't know

[Do Not Read]

12.D.9 Refused

[Do Not Read]

12.E I am able to afford all the hours of Adult Day Center Services that my family and I need. Would you say...

12.E.1 Always

12.E.2 Almost always

12.E.3 Sometimes

12.E.4 Seldom

12.E.5 Never

12.E.8 Don't know

[Do Not Read]

12.E.9 Refused

[Do Not Read]



## Section 9: Contact Respondent

13. Would you like someone to contact you about worries or concerns you have about the services or care you are receiving from any of the State-sponsored programs that have been discussed in this survey? If so, please confirm your name and phone number. [Do Not Read Responses]

13.1 Yes - interested in being contacted

13.2 No {Skip to Label IDEA}

13.8 Don't know {Skip to Label IDEA}

13.9 Refused {Skip to Label IDEA}

13.A Please tell me your name and phone number so that we can have someone contact you.

Name {Specify:\_\_\_\_\_}

13.B Phone {Specify: (802)\_\_\_\_-\_\_\_\_} {Range: number of digits entered =7}

13.C Please give a brief description of the worry or concern you would like to be contacted about?

{Record response verbatim}

---

---

---

---

{Label IDEA}

## Section 10: Improvements

- 14 The Department of Aging and Disabilities is very interested in hearing your ideas about how to make things work better for you and other Vermonters. Please tell us how you think your services or care could be improved.

14.1

**[Record response verbatim]**

---

14.2 No Comment

14.8 Don't know

14.9 Refused

## Section 11: Comments

- 15 Do you have any comments you would like to make about the help you receive?

15.1 Yes

**[Record response verbatim]**

---

15.2 No

15.8 Don't Know

[Do Not Read]

15.9 Refused

[Do Not Read]

## **Section 12: Demographics**

### **[DO NOT READ]**

- 1 [Interviewer: Who was this interview conducted with?]
- 1.1 Respondent- the person who receives the services or care
- 1.2 Other/Proxy - proxy for the respondent

### **[DO NOT READ/VOICE RECOGNITION ONLY]**

- 2 Are you male or female? [ONLY IF NECESSARY]  
[Interviewer prompt: if respondent is proxy, record the gender of the person who actually receives the services.]
- 2.1 Male
- 2.2 Female
- 2.8 Don't know
- 2.9 Refused

17 That was my last question. Thank you for taking time to participate in this very important study.

## **APPENDIX H**

# Shaping the Future of Long Term Care

2000 - 2010

**Julie Wasserman, Planning & Policy  
Vermont Department of Aging and Disabilities  
Agency of Human Services  
May 2003**

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**[www.dad.state.vt.us](http://www.dad.state.vt.us)**

Other contributors to this report:

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## EXECUTIVE SUMMARY

The next 20 years offer an opportunity to create an ideal long term care system for elders and adults with physical disabilities. With that in mind, the Vermont Department of Aging and Disabilities undertook a project to determine the components of a successful system to address future long term care needs. Looking forward in time allows the Department to engage in thoughtful planning and sound system development.

Vermont's fastest growing age group is its eldest—those 85 years old and older. Although the total population is projected to grow by 8% this decade, the number of Vermont's eldest will increase by a dramatic 27%. While a comparatively small group, these elders have the greatest need for long term care services. However, despite media coverage to the contrary, demand for these services will not peak until after 2030, when the oldest baby boomers turn 85.

The prevalence of disability for the younger population is projected to climb this decade. However, the disability rate among people 65 years old and older is dropping. Utilization of nursing homes has declined as well. The decrease in the use of nursing homes has occurred for all age groups and is projected to continue into the future.

Vermont's 1996 pioneering long term care legislation, Act 160, allows the Department of Aging and Disabilities to shift dollars from institutional settings to home-based services. As a result, Vermont has been able to serve more people for significantly less money. The anticipated delay in baby boomer demand, coupled with the projected declines in both elder disability and nursing home use, portend an *extended* movement away from institutional care toward community-based services.

Vermont has been unable to adequately address its need for community-based services; demand outstrips capacity. By the end of this decade, the number of people needing assistance will climb by 52%. Programs such as home health, case management and adult day are stretched thin. Funds for public transportation, home modification and prevention services continue to be insufficient. The two greatest challenges are finding more caregivers to provide needed care, and developing more accessible and affordable housing.

The present distribution of long term care resources prevents Vermont from addressing these gaps. For the last 5 years, the State has had excess institutional capacity with approximately 300 empty nursing home beds at any



given time. Vermont needs to strike a better balance between the number of nursing home beds and the number of people served in community settings. A first step toward achieving this balance is to establish a county minimum of 40 Home and Community-Based Medicaid Waiver slots for every 60 Medicaid funded nursing home beds. If this ratio existed across the State today, an additional 277 people in the community would be served on the Home and Community-Based Medicaid Waiver program (with a corresponding decrease in nursing home use) for a savings of \$8.5 million in Medicaid expenditures.

Planning for the future affords a unique opportunity to properly serve the needs of Vermonters. This report sets targets to achieve a more ideal long term care system.

## **Recommendations:**

The following recommendations, if implemented, will result in a balanced and sustainable system of care for elders and adults with physical disabilities. Actual implementation in any given year will depend on the State's fiscal situation and assumes that Federal/State Medicaid programs remain relatively unchanged. It is important to note that if the goal to achieve a 40/60 balance were realized, there would be sufficient savings to fund the needed Medicaid Waiver slots and many of these recommendations. However, additional sources of money are needed in order to raise caregiver wages, fund new infrastructure for adult day programs, and develop new housing options.

1. In accordance with consumer preference, continue to decrease reliance on nursing home care. Develop alternatives so that at least 40% of the people needing Medicaid funded nursing home level of care receive that care at home or in other community settings. Update this target annually based on utilization and projected need.
2. Increase Home and Community-Based Medicaid Waiver slots by 100 each year and continue to allocate them to people in greatest need.
3. Increase the Attendant Service Program to serve an additional 100 people by 2010. (See Appendix, Table 4.)
4. As funds permit, continue to improve wages and benefits for personal caregivers in all settings until caregivers receive a *starting* wage of at least \$10/hour, along with basic benefits such as health insurance, sick time and vacation leave. Wages in all settings should be increased annually by an inflation factor.

5. Develop additional supportive housing such as Enhanced Residential Care, Assisted Living, group-directed congregate housing, and adult family care. Increase funding for home modification. Continue to promote universal design in all new housing construction.
6. Increase the capacity of adult day centers to serve 1,500 people in 2010, up from 800 in the year 2000. This reflects an increase in daily capacity from 441 to 720. (See Appendix, Table 4.)
7. Expand the capacity of the Area Agencies on Aging to provide case management to more elders. Develop a program to provide case management assistance to adults with physical disabilities between the ages of 18 and 60 who do not qualify for such assistance from any other program.
8. Expand community-based prevention and health promotion programs for elders and adults with physical disabilities.
9. Expand the Homemaker Program to serve 1,300 people by the year 2010. In 2000, this program served 700 people. (See Appendix, Table 4.)
10. Expand and improve the dissemination of public information so that all elders and adults with physical disabilities know how to access the services they need through web sites, publications, the media, and information and assistance lines.

# INTRODUCTION

Vermont has an aging population and a growing number of adults with physical disabilities. If the Department of Aging and Disabilities is to meet the demand for services in the future, it must have a clear idea of what is needed along with a workable plan.

This report projects the need for long term care services in 2005 and 2010 and makes recommendations for addressing that need. The Department's work plan is based on the most comprehensive data of any Vermont report on elders or adults with physical disabilities to date. Using a model developed by The Lewin Group that incorporates demographics from the 2000 Census and the Department's databases, we now have projections of the use of specific programs and services. (See Appendix, Tables 4 & 5.) This report is intended to be a living document, adjusted annually to reflect changing demographics and trends. As a result, the Department will always be planning ten years ahead.

For over 30 years, the State of Vermont has had a policy of serving elders and adults with disabilities with dignity and independence in the setting of their choice. During the last quarter century, there have been a number of studies and reports with numerous recommendations. Many of these recommendations have been implemented; others remain to be realized.

In 1976, the Office on Aging authored a report, "In the Wrong Place." Its major theme was that many people were placed in nursing homes unnecessarily when they would have preferred to be at home. The report listed a number of steps that could be taken to address that concern. Some of the obstacles noted in the report, such as a lack of affordable and accessible housing, persist today.

In 1989, then Lieutenant Governor Howard Dean, M.D. sponsored a Commission on Long Term Care and issued a report calling for, among other things, a department of long term care. That became a reality with the creation of the Department of Aging and Disabilities.

In 1991, the Department of Aging and Disabilities produced a report entitled "Long Term Care in Vermont." Again, this study examined the balance between institutional services and home-based care, emphasizing the importance of serving people in the least restrictive environment. The report made a recommendation which at the time was groundbreaking: spend no more than 70% of all public long term care funds on institutional services and no less than 30% on home-based alternatives. Twelve years later, this ratio has been achieved.

In 1995, the Health Resource Management Plan for the period 1996-1999 first outlined how the State might “shift the balance” between institutional care and home-based care. The Plan recommended a moratorium on the construction of new nursing home beds and laid the foundation for the passage of the landmark legislation known as **Act 160**. This Act required the Agency of Human Services to earmark “saved” dollars (resulting from reduced nursing home utilization) from the Medicaid nursing home appropriation. These funds were then invested in home and community-based alternatives.

The implementation of Act 160 resulted in dramatic changes for Vermont’s long term care system. Nursing home occupancy dropped to 90%, from a high of 97%. The major alternative to nursing home care, the Home and Community-Based Medicaid Waiver program, served 400 people in 1996. Today it serves nearly 1,200 individuals. Hundreds of Vermonters who had no choice but to enter a nursing home just a few years ago now have a variety of options.

This shift of public resources has produced significant savings for the State budget. As directed by Act 160, these savings have been reinvested to increase adult day services, improve residential care homes, raise wages for caregivers, enhance case management, pay for home modification, and fund a variety of other improvements to the community-based system. Despite the shift, Medicaid nursing home daily rates have risen significantly and the quality of care in Vermont nursing homes continues to be among the highest in the country.

It is our hope that this report will generate significant and meaningful discussion among policy makers, providers and citizens. Only when everyone is informed and fully engaged in the planning will we have the system of care and services Vermonters want.

- **Patrick Flood, Commissioner**

## Methodology

The Department of Aging and Disabilities contracted with The Lewin Group to project both the need for long term care services and the capacity of Vermont's system to meet that need. The target populations are elders and adults with physical disabilities. Vermont-specific data on population growth, demographics, and program utilization were incorporated into Lewin's model to derive both "need" and "use" projections for 2005 and 2010.

Vermont population data from the U.S. Census 2000 served as the baseline. The University of Massachusetts Institute for Social and Economic Research (MISER) developed population projections for the periods 2005 and 2010. The Lewin Group integrated the population projections with a variety of data sources, including disability data, population characteristics, income and program participation, nursing home utilization, and the Department's Fiscal Year 2000 actual program use, to produce a set of tables that describe Vermont's need and use of long term care services by county.<sup>1</sup> (See Appendix.) Detailed methodology reports from both MISER and The Lewin Group are available from the Department.

Two essential assumptions drive the results of this model: the disability rate trend and the nursing facility use rate trend. The first is a major determinate of long term care need, and the second influences the level of services required in the community. These assumptions can be adjusted over time as demographics and trends change. (See Appendix, Assumptions Sheet.)

The disability rate trend for individuals younger than 65 years old utilizes growth assumptions from the Social Security Administration to determine the increase in the percentage of workers receiving Disability Insurance benefits. This trend was applied to children as well because Lewin lacked superior data on which to base childhood trends. For people age 65 and older, the disability trend was derived from Manton's recent analysis of the 1999 National Long Term Care

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<sup>1</sup> Lewin relied principally on the following sources of data, all from the U.S. Bureau of the Census: (1) for detailed data on Activities of Daily Living (ADLs), the 1996 Survey of Income and Program Participation; (2) for county-level general disability data, the 1990 Public Use Microdata Sample (PUMS); and (3) for the most recent state-level general disability data, Current Population Survey (CPS) data from 1999 to 2001. Note that as of this report's publication, the U.S. Census had not released the 2000 PUMS, which would have provided richer disability data for 2000. The U.S. Census did release general disability data by county from the 2000 Census after this model was developed. However, the disability questions on the 2000 Census questionnaire are not directly comparable to those on the 1990 Census, making it difficult to build these data into the model. Lewin therefore relied on the 1999-2001 CPS data, rather than the 2000 Census, to update the estimates to 2000. The Department plans to update the model once the 2000 PUMS data are available.

Survey.<sup>2</sup> This analysis showed a 1% decline per year (between 1989 and 1999) in the age-adjusted rate of disability. Lewin assumed a slightly smaller and flattening decline for the projections, because there is debate as to whether these declines will continue into the future.

The nursing facility use rate trend assumptions are based on an analysis of Vermont's actual nursing home use during the period 1992-2002. These data include all payers, both public and private, and incorporate observed trends in nursing home use through the second quarter of 2002. The trends show the annual percent change in the per capita nursing facility use rate by age group. The trend assumptions used for the projections assume a gradual slowing of the decline in use through 2010. Changes in the nursing facility use rate largely drive the model's projections of long term care need in the community.

"Long term care need" is defined as requiring assistance with two or more activities of daily living (such as dressing, bathing, movement, toileting, eating). This measure approximates the Department's definition of "nursing home level of care", which is in keeping with eligibility criteria for many of the community-based programs. The "low-income" delineation refers to people below 175% of the Federal Poverty Level, capturing the majority of Vermont's publicly funded long term care clients served by the Department. The model excludes individuals with mental retardation and developmental disabilities. The numbers in this model are "point in time" as opposed to a yearly total. All "user" data encompass the State's fiscal year.

The tables in the Appendix display the results of the model. Tables 0 and 1 compare the number of people having "long term care need" with the number of unduplicated people who use services. The projections of use for 2005 and 2010 assume that use of home and community based services increases only enough to accommodate the shift from nursing facilities. Statewide projected use for 2005 and 2010 is based on the State's actual use in 2000<sup>3</sup>, projected forward. However, the county-level use projections for 2005 and 2010 are based on each county's share of the State's 18+ disabled population.

Tables 2 and 3 show the number of Vermonters with long term care needs, employing more detailed population characteristics.

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<sup>2</sup> Manton, Kenneth F, and Gu, XiLiang, Changes in the Prevalence of Chronic Disability in the United States Black and Nonblack Population above Age 65 from 1982 to 1999. *Proceedings of the National Academy of Sciences*, Vol. 98, No. 11, 2001. This paper defines disability as having difficulty with one or more activities of daily living (ADLs). Lewin applied these age-adjusted trends to the estimates of disability, which are defined as requiring assistance with two or more ADLs. Separate analysis of National Long Term Care Survey data performed by The Lewin Group indicates that these two measures of disability, while different, experienced similar trends from 1982 to 1999.

<sup>3</sup> For Medicaid Waiver services, the Department projected forward from actual use through January 2003.

Tables 4 and 5 indicate the number of “users” for each program or service. Statewide projected use for 2005 and 2010 is based on the State’s actual use in 2000, projected forward. Estimates of use in Tables 4 and 5 differ from those in Tables 0 and 1 in two important ways. First, Tables 4 and 5 show the number of users of specific types of service. “Users” in these tables may be served by more than one program, and therefore would not sum to the unduplicated total number of “people” shown in Tables 0 and 1. Second, unlike Tables 0 and 1, county-specific projected use for 2005 and 2010 is based on each county’s actual use in 2000, projected forward.

## Demographics and Need

The Vermont population as a whole is projected to grow 8% this decade. Although the number of Vermont children and those under 40 will decline, all other age groups will increase. The fastest growing group is the eldest cohort, those 85 years old and older, which will expand 27% between the years 2000 and 2010. As illustrated in the table below, this group of elders is relatively small in number; nevertheless, they have the greatest need for long term care services.

### VERMONT PROJECTED POPULATION GROWTH\*

Age	2000 Actual	2005 Projected	2010 Projected
<b>Under 18</b>	147,523	143,274	132,683
<b>18-39</b>	180,529	172,520	170,783
<b>40-64</b>	203,265	239,179	264,459
<b>65-74</b>	40,683	41,862	47,592
<b>75-84</b>	26,831	29,757	31,231
<b>85+</b>	9,996	11,283	12,708
<b>Total</b>	608,827	637,875	659,456

The table below depicts the percent change in the population by age group. For example, the number of elders 85 and older will grow 13% in the first half of the decade and an additional 13% in the second half. The number of children will decrease 3% initially and then another 7%, ending the decade with roughly a 10% decrease.

### Projected Percent Change in Population over Five Year Period\*

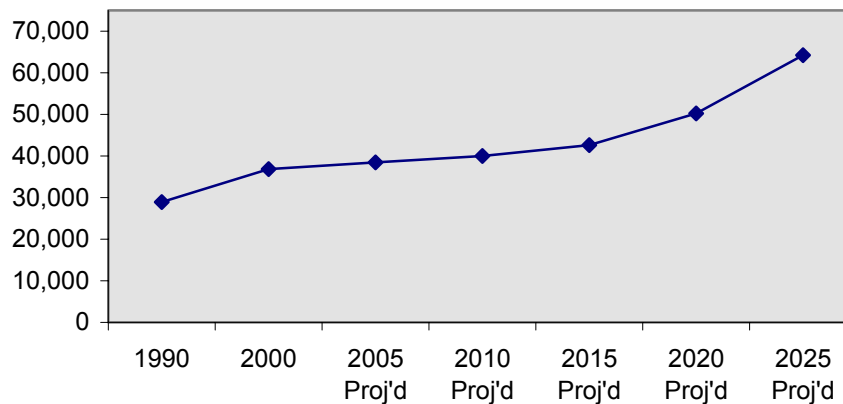
Age	2000 to 2005 Projected	2005 to 2010 Projected
<b>Under 18</b>	-3%	-7%
<b>18-39</b>	-4%	-5%
<b>40-64</b>	18%	11%
<b>65-74</b>	3%	14%
<b>75-84</b>	11%	5%
<b>85+</b>	13%	13%
<b>Total</b>	5%	3%

\* U.S. Census, Vermont 2000 for "Actual"  
MISER for "Projections"



The “baby boom” generation will have a dramatic effect on the long term care system but not until 2020 will society witness the beginning of this widely heralded phenomenon. “Baby boomers” are generally considered to be those people born between 1946 and 1964. Assuming that many people need support and services by their mid-seventies, the oldest “baby boomers” (born in 1946) will begin to require services in 2020, while the youngest will turn 76 in 2040. Demand will not peak until after 2030, when the oldest “baby boomers” turn 85.<sup>4</sup>

### VT Elderly Population Growth - Age 75+



As the population has aged, it has become healthier. Recent national findings show a decline in the disability rate for people 65 years old and older.<sup>2</sup> This decline is attributable to a number of factors: improvements in health, nutrition, and medical treatments; a shift away from manual labor; new medical technologies; lifestyle changes; and improved socioeconomic status, especially with regard to education. Studies have shown that more educated individuals have a disability rate half that of less educated people.

The Department’s model predicts a decline in the disability rate of almost 1% annually for Vermonters aged 65 and older during the period 2000-2005. This decline continues for the second half of the decade, slowing only slightly to - 0.8%. (See table below.) (See Appendix, Assumptions Sheet.)

### Trends in Vermont Disability Rates: Projected *Annual* % Change in Per Capita Disability Rates

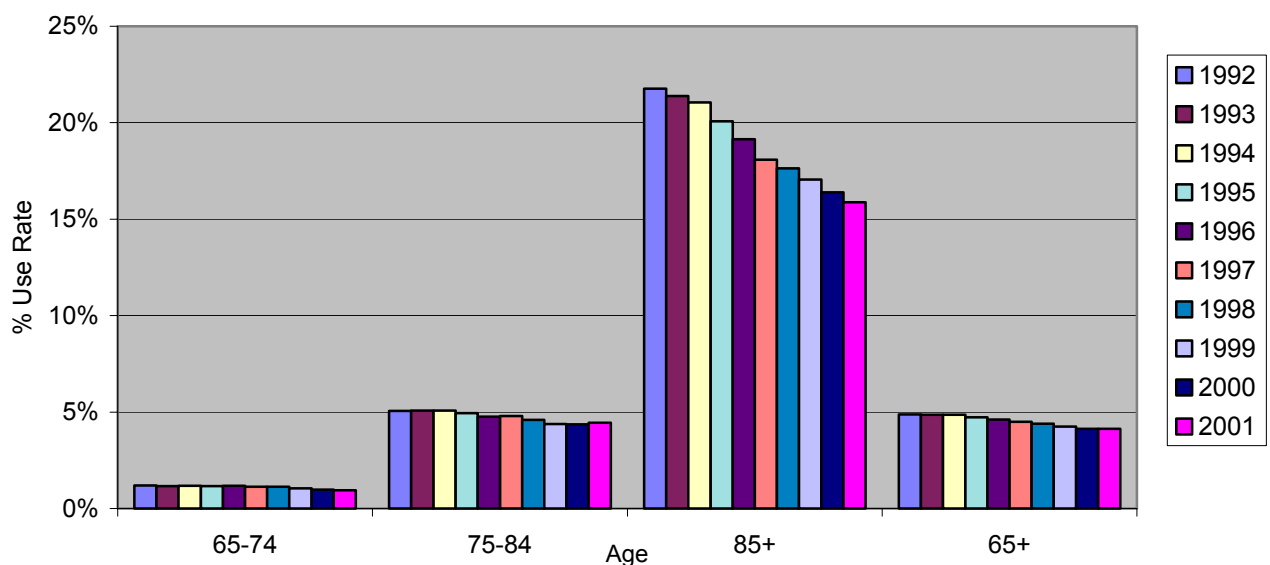
Age	2000-2005	2005-2010
<b>Birth-64</b>	3.8%	2.6%
<b>65+</b>	-0.9%	-0.8%

<sup>4</sup> Redfoot, Donald L, and Pandya, Sheel M, Before the Boom: Trends in Long-Term Supportive Services for Older Americans With Disabilities. *AARP Public Policy Institute Issue Paper*, #2002-15 (October 2002)

For younger adults with physical disabilities, the disability trend is on the rise. The prevalence of disability will climb by almost 4% annually for the first half of the decade and another 2.6% annually for the second half. (See table above.) Disability rates for younger adults are expected to grow in part because of improved medical care that has allowed children with disabilities to survive birth and early childhood, and allowed adults with disabilities to live longer.

Nursing home use in Vermont has dropped significantly since Act 160 became law. The Department's aggressive efforts to improve and expand home and community-based services have contributed to this decrease. In 1996, there were 3,600 people in nursing homes; today there are 3,200. For Vermonters aged 85 and older, nursing home utilization has shown an unusually dramatic decline. (See chart below.) In 1992, approximately 22% percent of Vermont's 85+ year olds lived in nursing homes. Only 16% resided there in 2001.

**Percent of Vermont Elders Residing in Nursing Homes  
By Age 1992-2001**



This striking drop in nursing home use is expected to continue into the future. For example, the percent of elders aged 85+ using nursing homes is projected to decline 4.3% annually from 2000 to 2005, and 3.8 percent annually from 2005 to 2010. These declines are particularly noteworthy given that the 85+ age group makes up nearly half of Vermont's nursing home population. The Department's model assumes the other age groups will experience similar declines. (See table below.) These trends are based on an analysis of Vermont's actual nursing home use during the period 1992-2002, and assume a gradual slowing of the declining trend through 2010. (See Appendix, Assumptions Sheet.)

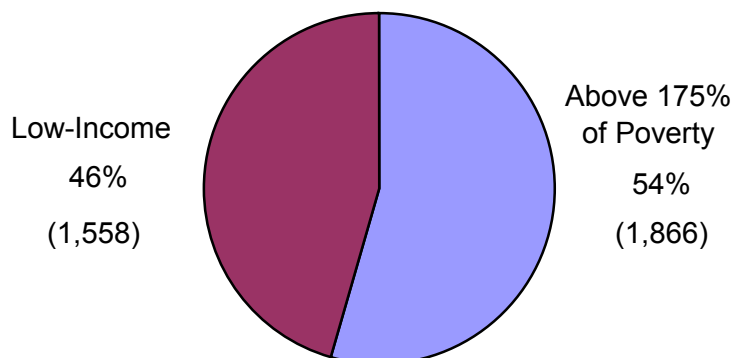
Trends in Vermont Nursing Home Use Rates:  
Projected *Annual* % Change in Per Capita  
Nursing Home Use Rates

Age	2000-2005	2005-2010
<b>Birth-64</b>	-1.7%	-1.1%
<b>65-74</b>	-3.6%	-2.9%
<b>75-84</b>	-3.1%	-2.3%
<b>85+</b>	-4.3%	-3.8%

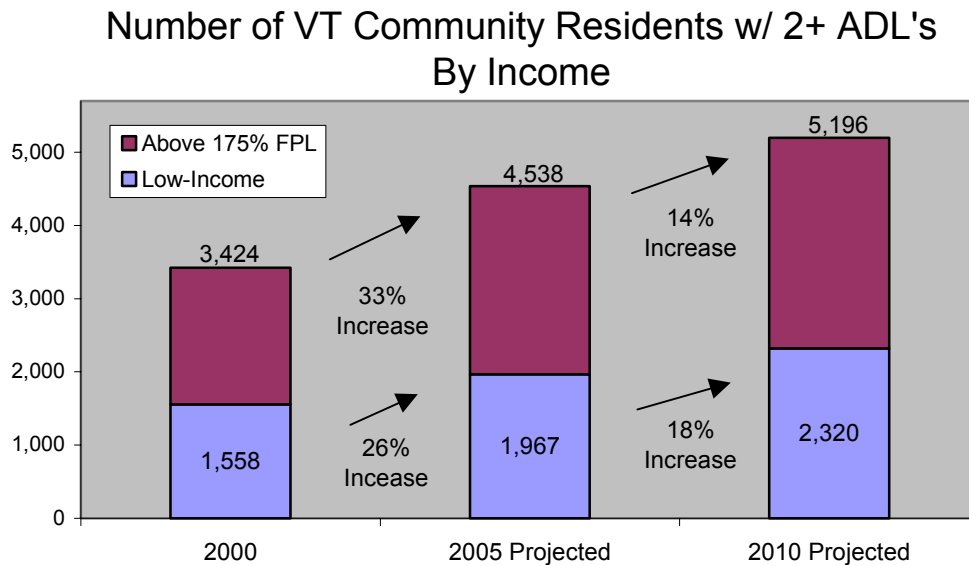
The delay in demand, coupled with the projected declines in both elder disability and nursing home use, suggest that the need for institutional services will decrease over the next two to three decades. In contrast, the demand for home and community-based care is burgeoning. (See Appendix, Table 4, for growth rates.)

In 2000, there were over 3,400 Vermonters living in the community who required assistance with at least two activities of daily living (ADLs). Almost half (46%) of those individuals were low-income [below 175% of the Federal Poverty Level (FPL).] These numbers reveal the close connection between disability and poverty, and underscore the importance of a publicly funded long term care system. (See chart below.) (Excludes people under 18 years old and those with mental retardation and developmental disabilities.)

VT Community Residents with 2+ ADL's  
Total 3,424 in 2000



The following chart shows the growth in the number of people living in the community who will need long term care. By 2010, the total will expand to 5,196, a 52% increase from 2000.

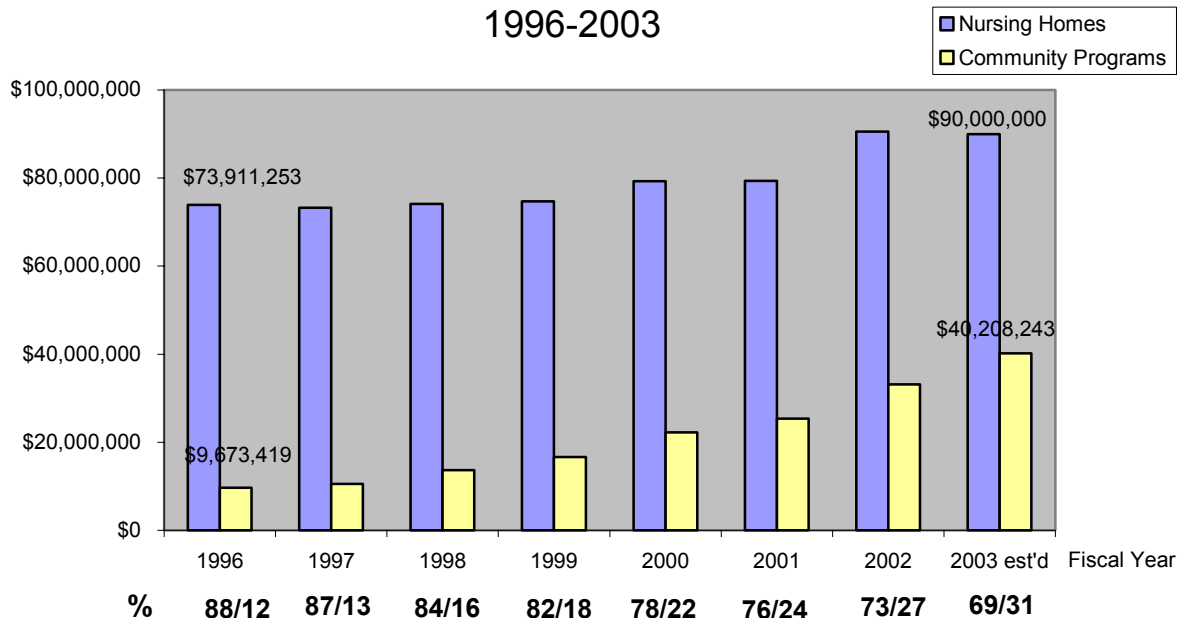


**Note:** The Department defines a “person with long term care need” as someone who needs assistance with two or more activities of daily living (ADLs). This measure approximates the Department’s definition of “nursing home level of care” (in keeping with eligibility criteria for many of its programs), and captures those people most in need of long term care services. The Department chose 175% of the Federal Poverty Level as the definition for “low-income” because it embraces the majority of Vermont’s publicly funded long term care clients. However, some of the publicly funded programs do serve people who are above 175% of the Federal Poverty Level.

## SHIFTING THE BALANCE 2003

Act 160 affords people the opportunity to receive services in the setting of their choice. Its impact on Vermont's long term care system can be measured by the public dollars spent over the last 7 years. A comparison of expenditures for nursing homes with those for home and community-based care reveals two trends. The first is the steady and continuous growth of home and community-based programs. The second is the growing *share* of public long term care dollars spent on home-based programs. In FY 1996, prior to Act 160's implementation, only 12% of the public long term care dollars spent that year paid for home and community-based care; 88% was spent on nursing facilities. For FY 2003 (estimated), 31% of total expenditures is dedicated to alternative care compared with 69% for institutional services. (See chart below.)

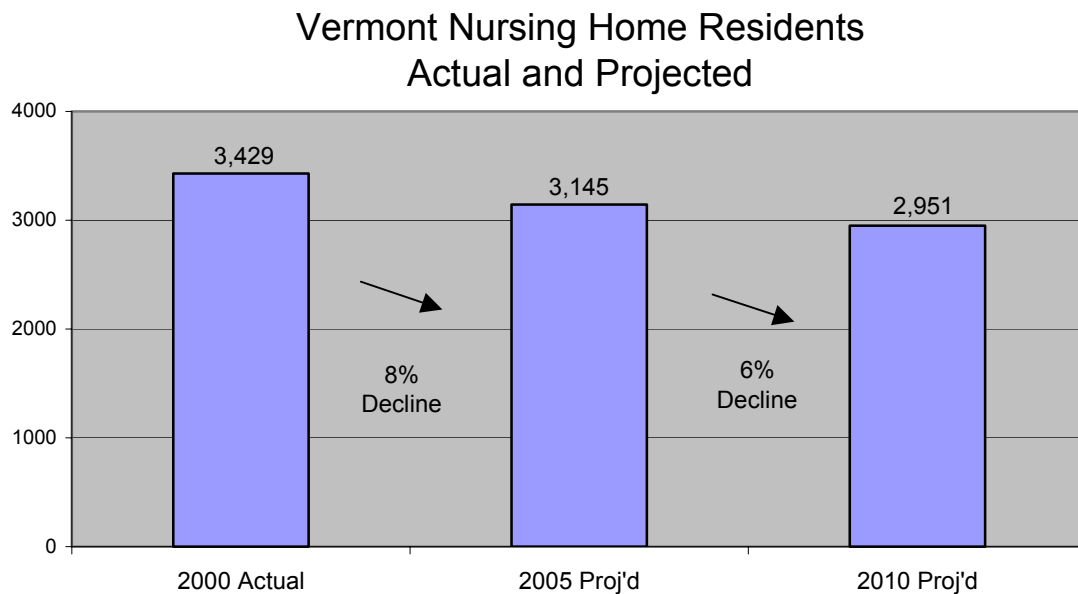
Comparison of Public Expenditures for Nursing Homes  
and Home & Community-Based Programs  
1996-2003



Since home-based services are less costly than nursing home care, Act 160 has allowed Vermont to serve more people for significantly less money. Utilizing saved dollars, the Department has been able to invest in the following programs:

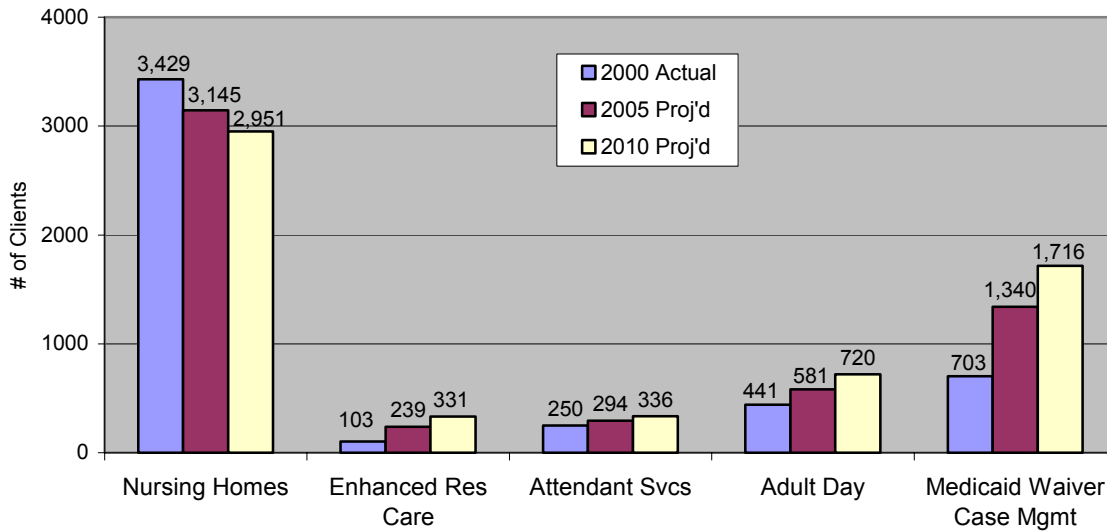
- Adult Day Programs
- Area Agencies on Aging
- Dementia Respite
- Residential Care Homes
- Attendant Services
- Home Modification
- Supportive Services in Public Housing
- Flexible Funds

At the same time, Vermont has maintained its high quality of care in nursing homes. The average Medicaid daily rate for nursing home care has risen from \$100 in 1996 to \$139 in 2003. The current average annual Medicaid reimbursement for a nursing home resident is \$50,000. As anticipated, the shift to home-based care has had an effect on nursing home use. Since 1996, nearly 200 nursing home beds have closed and over 300 remain empty. At the conclusion of 2002, almost 25% of Vermont's nursing homes had occupancy below 90%. This decline in the number of nursing home residents is projected to reach nearly 500 by 2010. (See chart below.)



People who would otherwise have been served in nursing homes are now being served at home by a variety of community-based programs. The following chart shows the projected increase in use of four selected programs compared with the declining use in nursing homes. Note that the projected numbers for community-based programs are based on actual use in 2000<sup>3</sup>, projected forward. Because actual use of community-based programs in 2000 was less than the need, these projections are conservative and considered a minimum for growth.

## Use of LTC Services--Actual and Projected\*



\*Some of these clients are served by more than one program.

Even as these home and community-based services grow, nursing homes continue to try to fill empty beds. There is little the State can do to prevent increased spending in nursing homes because nursing home care is an entitlement under the Medicaid program. The Home and Community-Based Medicaid Waiver program, however, is limited to a certain number of prioritized slots. People who cannot access home-based services (due to unavailability) must enter nursing homes to receive care.

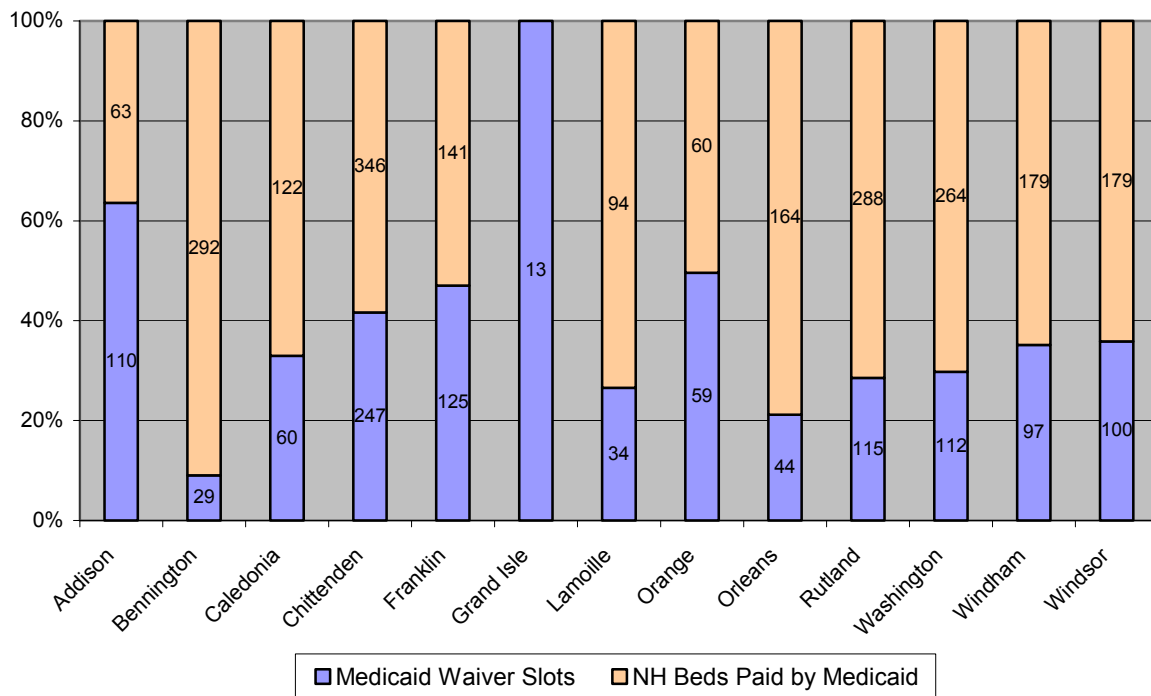
Unless Vermont finds a way to control the nursing home Medicaid entitlement, people will enter nursing homes for lack of alternatives, siphoning funds away from home and community-based services. Since providing nursing home care to an individual is, on average, much more expensive than home-based services, the State could begin to lose ground in its efforts to “shift the balance,” resulting in fewer people being served in the community.

The time has come to better manage Vermont’s long term care resources. In the spirit of Act 160 and long-standing public policy consensus, the State needs to strike a better balance between the number of Home and Community-Based Medicaid Waiver slots and the number of Medicaid funded nursing home beds.

**The Department proposes that, in every county of the State, we establish a balance of no less than 40 Home and Community-Based Medicaid Waiver slots for every 60 Medicaid funded nursing home beds.**

This balance has already been achieved in Chittenden, Franklin and Orange Counties. Addison County has exceeded this balance with 63 Medicaid funded nursing home residents and 110 Home and Community-Based Medicaid Waiver participants at the close of 2002. (See chart below.)

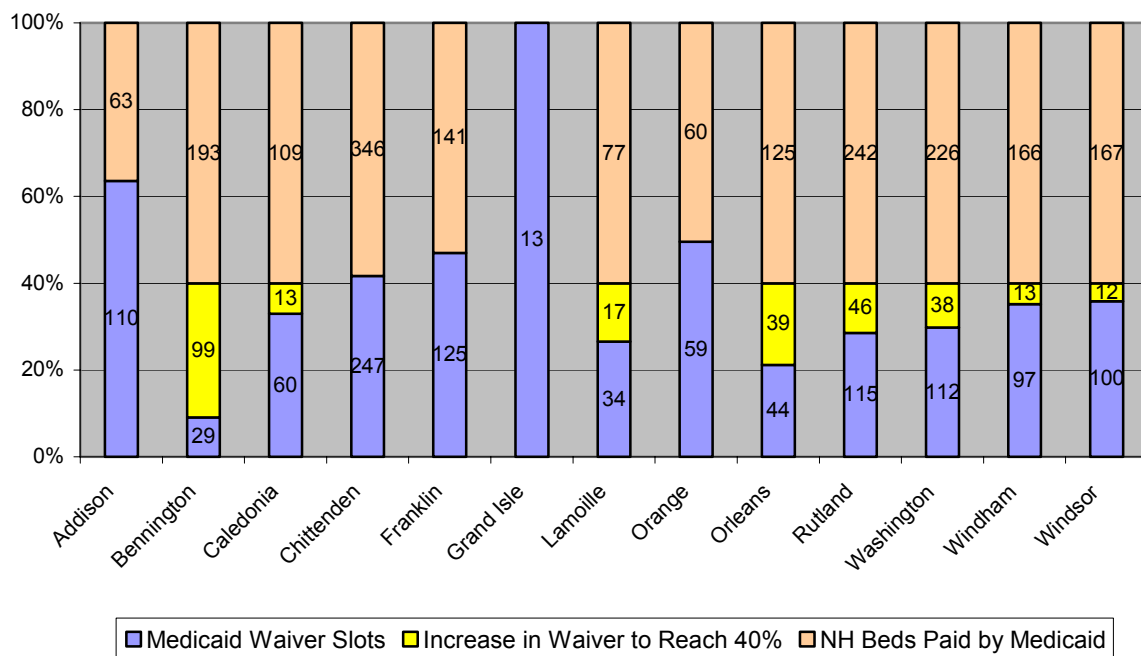
### Medicaid Waiver Slots & Nursing Home Beds (Medicaid) By County





The chart below indicates the Medicaid Waiver slot increases (and corresponding decreases in nursing home use) needed to achieve the 40/60 balance in each county. (See highlighted numbers.) If this balance were achieved in 2003, the benefits would be significant. An additional 277 people would be served on the Medicaid Waiver with a savings of \$8,500,000 in the Medicaid nursing home budget. These savings could then be reinvested in alternative services.

## Medicaid Waiver Slot Increases Needed to Achieve 40/60 Balance



The Department's goal has been to manage the system within available resources, provide individuals with the options they prefer, and continue the vision of Act 160. To do this, Vermont needs to make a commitment to control the nursing home Medicaid entitlement and achieve at least a 40/60 balance of Medicaid Waiver slots to Medicaid funded nursing home beds. Once this goal is realized, Vermont can begin to plan for a 50/50 balance.

## Special Needs Housing

### Recommendations:

- **Continue to help communities develop affordable Assisted Living;**
- **Continue to help implement the 2000 Home Modification Study;**
- **As funds permit, raise the ACCS\* rate for Assisted Living and residential care homes to at least \$50 per day;**
- **Continue to promote shared housing;**
- **Develop an adult family care program as a Medicaid Waiver option; and**
- **Develop one other group-directed congregate housing site similar to South Burlington Community Housing (Anderson Parkway).**

Affordable, accessible housing with supportive services is one of the two most important requirements for a successful home and community-based service system. (The other is an adequate supply of well-trained, sufficiently paid caregivers.) While Vermont has made significant progress in developing new models, there remains a shortage of affordable housing alternatives. There are individuals residing in nursing homes today, not because their care needs require it, but because they could not find or afford housing with supportive services.

The Department's goal is to help individuals remain at home for as long as possible. As people age or become disabled, living independently may become too great a challenge causing them to seek out a supportive or congregate setting. Others may want a more structured environment such as a residential care home, where room, board, personal and nursing care, assistance with medications, and meals are provided. Shared housing offers yet another opportunity for those who want to share their home with someone who could assist them. Regardless of the setting, people want to receive needed care, remain as independent as possible, and avoid future moves.

**Assisted Living:** Assisted Living is defined in Vermont regulations as “a program that combines housing, health, and supportive services for the support of resident independence and aging in place. Within a homelike setting, assisted living units offer, at a minimum, a private bedroom, private bath, living space, kitchen capacity and a lockable door. Assisted living promotes resident self-direction and active participation in decision-making while emphasizing individuality, privacy and dignity.”

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\* Assistive Community Care Services in the Medicaid State Plan

The intent of Assisted Living is to provide people with private homelike space where they can live with dignity while “aging in place” despite increased care needs. The recently promulgated Vermont regulations extend the capacity of Assisted Living to care for people who might otherwise be served in a nursing home. These regulations, however, establish reasonable limits on aging in place.

**Enhanced Residential Care.** Vermont needs to expand its current Enhanced Residential Care Home program that allows nursing home eligible people to remain in licensed Level III residential care homes as participants in the Home and Community-Based Medicaid Waiver program. Projections from the model indicate that Vermont needs to develop over 100 more Enhanced Residential Care beds by 2005 and another 100 by 2010 for a total of 331. (See Appendix, Table 4.) Since these projections are based on utilization of the program in its early years, they most likely underestimate future demand.

The Department hopes to develop a statewide adult “**Family Care Program**” as a Medicaid Waiver option by 2005. Individuals would be cared for in the home of a qualified caregiver.

**Group-directed congregate living** arrangements such as South Burlington Community Housing (Anderson Parkway) provide individual apartments and shared caregivers for a small number of significantly disabled younger adults. The Department hopes to replicate this housing model in at least one other site by 2010.

**Shared housing** has become increasingly popular in many parts of Vermont. The Department will work to preserve group-shared residences such as the Ruggles House in Burlington and Evergreen Place in Waitsfield. Match-up services like those offered by HomeShare Vermont (matching the client with the home) need to be more widely available throughout the State.

**Home Modification.** Physically accessible renovations can be an enormous boon to an individual with a disability or an elder. Often, an accessible entrance and bathroom are key factors in enabling a person to remain at home. The Vermont Center for Independent Living has managed a Home Accessibility Program for many years, although this program is grossly under-funded. (There was a three-year wait for home modification assistance in 2002.) The annual allocation for this program needs to grow an additional \$660,000 over the 2000 funding level. These added dollars would provide an average of 50 people with appropriate and quality home modifications. In addition, the Department needs to continue educating builders and architects on the importance of new construction being either “universal design” or easily adaptable. As the population ages, home accessibility will become more critical. To the extent possible, the State should anticipate and prevent expensive retrofitting.

**Reverse Mortgages** are federally guaranteed loans to elder homeowners, secured by the equity of their home. These loans allow elders to remain in their homes by creating a cash flow for necessary care and related expenses. The loan is paid off when the house is sold.

Vermont's housing community is partnering with the Department to develop various housing options for seniors and adults with physical disabilities. The Department of Aging and Disabilities is currently working with the Department of Housing and Community Affairs to develop a common data set of housing needs to guide both agencies' planning for these two populations. This data set should be available in 2003 and will be incorporated into the 2004 version of this report.

# Caregivers

## Recommendation:

- **As funds permit, continue to improve wages and benefits for personal caregivers in all settings until caregivers receive a *starting* wage of at least \$10/hour, along with basic benefits such as health insurance, sick time and vacation leave; and**
- **Increase wages in all settings by an annual inflation factor.**

In order to remain independent, many elders and adults with physical disabilities require significant personal care (assistance with dressing, bathing, movement, toileting, eating). Unfortunately, a shortage of personal caregivers persists across all settings—nursing homes, residential care homes, adult day services, home health, as well as for people who hire their own caregivers. This shortage will only grow worse as the population ages and as opportunities to help people remain at home expand. Low wages and inadequate or non-existent benefits are primarily responsible for the shortage. Compounding this problem are the work place environment and the manner in which personal caregivers are treated.

The Department convened a task force to develop solutions. This group issued a report in 2001 after surveying over 1,050 personal caregivers from a variety of settings. The report lists over 30 recommendations, many of which are currently being implemented.

## Progress so far includes:

### a. Significant wage improvements

- Over the last several years, nursing homes have received nearly \$8 million for a “wage supplement”; these funds must be directed to employee salaries and benefits. As a result, the average wage for nursing home Licensed Nursing Assistants has increased to \$10.41/hour, up from \$8.14/hour in 1998.
- In the Home and Community-Based Medicaid Waiver program, caregiver wages for the “consumer-directed” and “surrogate-directed” options (participants hire their own caregivers) rose to \$10.00/hour. These personal caregivers do not receive any benefits.

- In the Attendant Services Program, the 2002 starting wage increased to \$8.00/hour. After 6 months of employment, the hourly wage rises to \$8.50. These personal caregivers receive no benefits.
  - In Home Health Agencies, the average wage has grown to \$10.74/hour for Licensed Nursing Assistants, up from \$8.24 in 1998. Licensed Nursing Assistants receive benefits.
- b. The Task Force Sub-committee on Best Practices is working with providers, especially home health agencies and nursing homes, to gather and disseminate “best practices” for recruiting and retaining personal caregivers. The Department is also collaborating with providers on a certification process to identify and publicize those providers who adhere to best practices.
  - c. The Department has contracted with the Community of Vermont Elders (COVE) to develop a Professional Caregiver Association that can provide organizational support to personal caregivers.
  - d. The Department conducted a study to determine both the range of preferred benefits and mechanisms to finance them. The study was informative, however, the biggest obstacle to providing benefits remains the lack of funds.

In the current and foreseeable fiscal environment, any wage increases for community-based caregivers will be incremental at best. Nonetheless, every effort should be made to inflate wages annually, similar to the mandated nursing home annual inflation adjustment. Savings from decreased nursing home utilization could be used to attain this parity.

In addition, Vermont needs to develop a public information campaign that underscores the importance of caregiving and promotes its attributes as an occupation. Once wage, benefit and working conditions improve, more people will be drawn to this important work.

Finally, the State needs to continue to maximize the involvement of family, friends and neighbors as caregivers while simultaneously supporting their efforts. Currently, the Department promotes their involvement through the Home and Community-Based Medicaid Waiver and Attendant Services Program, and supports their efforts through its respite programs and the new National Family Caregiver Support Program.

## Adult Day Services

### Recommendation:

- **Increase the capacity of adult day centers to serve 1,500 people in 2010, up from 800 in the year 2000. This reflects an increase in daily capacity from 441 to 720.**

As demand has grown to help nursing home eligible people remain at home, adult day programs have come to play a crucial role. Centers offer a full day's care and supervision of participants while furnishing much needed respite to family caregivers. Adult day centers currently provide intensive personal care and increased nursing services in addition to activities, socialization and meals. When used in combination with other home-based services, adult day centers now offer a true alternative to nursing home care.

Adult day services have played a pivotal role in helping many people remain independent and at home. However, the capacity of the existing adult day centers is limited. Many are full today and unable to accept new participants. Some centers have expanded to multiple sites but many more are needed. For the purpose of this plan, adult day service capacity needs to nearly double by 2010.

The Department has developed new funding streams for adult day services and raised the hourly Medicaid reimbursement rates. As a result, total State funding for these services has increased from \$838,905 in 1997 to \$2,842,000 in 2002, a 240% increase.

Growing participation in adult day programs demonstrates the strong demand for this service. Since 1997, the annual number of adult day participants has grown 45%, from 677 to 978. Such growth, however, has not kept pace with demand. Addison County has expanded its capacity and now serves more than 20% of the State's adult day participants (see Appendix, Table 5), yet has only 5% of the State's disabled population over 65 years old. (See Appendix, Table 3a.) If the adult day capacity in other counties were expanded to match that of Addison County, Vermont would see a deluge of new participants.

Reaching the recommended capacity of serving 1,500 people annually in 2010 will be a challenge. Region by region, the Department will quantify the demand for expanded adult day services and work with the centers to identify new funding sources.

# Case Management

## Recommendation:

- **Expand the capacity of the Area Agencies on Aging to provide case management to more elders; and**
- **Develop a program to provide case management to adults with physical disabilities between the ages of 18 and 60 who do not qualify for such assistance from any other program.**

Case management is the cornerstone of Vermont's community-based system of care. Case managers from the Area Agencies on Aging and Home Health Agencies ensure that people receive the services they need. Case management programs, in conjunction with Home and Community-Based Medicaid Waiver teams and good coordination at the local level, have resulted in a strong system of care. This structure promotes favorable outcomes and program accountability while avoiding unnecessary duplication.

Area Agencies on Aging (AAA's) have long been advocates for the independence of elders. AAA's currently provide case management to approximately 8,000 elderly Vermonters annually, regardless of income. Clients are prioritized by "greatest social and economic need." Case management services range from intermittent oversight to intensive daily intervention. Over the last few years, the Department and the AAA's have worked collaboratively to foster professional development of AAA staff. Case management standards are now in place requiring all case managers to pass a certification exam.

All participants in the Home and Community-Based Medicaid Waiver program receive case management from either Area Agencies on Aging or Home Health Agency staff. Each Waiver participant has one case manager who is responsible for ensuring that the client's needs are identified and met in accordance with the person's preferences. Reimbursement rates for this vital service have been increased over the past few years.

As the elder population grows, there will be increasing demand for case management. However, most of the AAA case management funds come from the federal Older Americans Act. The Act promises minimal funding growth in the future, which will create pressure on State funds. Hopefully, nursing home savings can help support the growing need for AAA case management.



A significant gap in the system is the lack of case management services for adults with physical disabilities. Individuals between the ages of 18 and 60 have no mandated case management assistance if they are not participants in the Home-Based Medicaid Waiver program. The Department would like to address this long unmet need by utilizing \$100,000 in nursing home savings, matched with Medicaid dollars, to establish a statewide case management program for this population.

## Prevention

### Recommendation:

- **Expand community-based health promotion and disease prevention programs for elders and adults with physical disabilities.**

Prevention activities and promotion of healthy living can have a dramatic effect on the overall health of elders and adults with physical disabilities. In addition to improving quality of life, such efforts have the potential to reduce health care expenditures.

The declining prevalence of disability among elders is due, in part, to elders simply taking better care of themselves. Health promotion and disease prevention efforts, including improved nutrition and increased physical activity, can help delay the onset of chronic conditions and age related disabilities. Area Agencies on Aging have taken the lead in promoting “successful aging” by expanding access to adequate nutrition through community meal sites and home delivered meal service. In addition, AAA’s have also developed walking clubs, classes in resistance training, computer courses, and arts and crafts programs.

Successful aging applies to adults with physical disabilities as well. Often, a physical disability can prevent an individual from accessing preventive health care, exercise, or community activities. To address this, the Department recently obtained a three-year grant from the Centers for Disease Control to improve access to health promotion and disease prevention programs as well as prevent secondary disease conditions in people with disabilities. Partners in this effort include the Department of Health, the Department of Developmental & Mental Health Services, and Vermont Health Access among others.

The Department routinely gathers data on the health and social well-being of Vermont elders and adults with physical disabilities. These data allow the Department to target health promotion and disease prevention programs to Vermont-specific behavioral health risks. Evaluating Vermonters’ physical and mental health, overall well-being and quality of life, this annual report is published and distributed at the Department’s yearly “Successful Aging and Independent Living” (SAIL) Summit.

## **FUTURE STEPS**

1. Obtain Vermont population projections through 2020 and incorporate them into the 2004 report.
2. Analyze and incorporate the U.S. Census 2000 disability data from the Public Use Microdata Sample, which should be available in mid-2003.
3. Continue to gather data on the incidence of specific disability conditions among Vermonters.
4. Gather and incorporate data on Home Health Agency services. This information is not easily obtainable because data sets do not match. However, the Department expects to have preliminary data in 2004.
5. Obtain and incorporate statewide data on in-migration and out-migration of elders and adults with physical disabilities.
6. Obtain data on children with significant disabilities in order to plan for their transition to adult services.
7. Work with the Long Term Care Coalitions, Area Agencies on Aging and other stakeholders to develop county-based plans.
8. In collaboration with the Department of Housing and Community Affairs, establish a joint data set on housing needs for elders and adults with physical disabilities.

# APPENDIX

## ASSUMPTIONS SHEET

### Disability Rate Trends (non - MR/DD)

### Annual % change in the disability rate by age group.

	2000-2005	2005-2010
0-64*	3.8%	2.6%
65+**	-0.9%	-0.8%

Default values:	'00-'05	'05-'10
0-64	3.8%	2.6%
65+	-0.9%	-0.8%

\*Default disability trends for 0-64 population assumes same rate of increase as assumed by the Social Security Administration for Disabled Workers (i.e., individuals receiving Social Security Disability Insurance benefits) from the 2002 Annual Trustees Report. We apply these trends to all individuals younger than age 65, as little good projection data exist for individuals younger than 18.

\*\*Default disability trends for the 65+ population are informed by disability trends reported by Manton from the National Long Term Care Survey. From Manton's age-adjusted trend analysis, we derived that the percentage of individuals having difficulty with 1+ ADL (2+ ADLs were not reported separately) decreased by 1% annually from 1989 to 1999. We assume a slight flattening of this trend in the future.

### Nursing Facility Use Rate Trends\*\*\*

### Annual % change in per capita nursing facility use by age group.

	2000-2005	2005-2010
0-64	-1.7%	-1.1%
65-74	-3.6%	-2.9%
75-84	-3.1%	-2.3%
85+	-4.3%	-3.8%

#### Note: VT historical trends:

	'92-'02	'99-'01	'00-'02
0-64	-1.1%	-5.0%	-2.7%
65-74	-2.9%	-6.0%	-4.6%
75-84	-2.3%	-2.2%	-4.3%
85+	-3.8%	-4.7%	-5.1%

#### Default values:

	'00-'05	'05-'10
0-64	-1.7%	-1.1%
65-74	-3.6%	-2.9%
75-84	-3.1%	-2.3%
85+	-4.3%	-3.8%

\*\*\*Includes all payers, i.e., both public and private pay nursing facility residents. Default trend assumptions for 2000-2005 incorporate observed trends in the nursing facility use rate through the second quarter of 2002, after which we assume the same annual trend used as the default for 2005-2010.

### Ratio of any disability during year to point-in-time disability

1.00 <--- set at 1 for point-in-time estimates

Table 0

**Comparison of LTC Need<sup>1</sup> (2+ ADLs) and Use<sup>2</sup> (Nursing Facility or HCBS) by County**  
**Projected Use Reflects Demographic Changes, but Redistributes Resources to Counties Based on Disability**  
**Persons Age 18 and Above, All Income Levels**  
**Point in Time**

	Vermont	Addison	Bennington	Caledonia	Chittenden	Essex	Franklin	Grand Isle	Lamoille	Orange	Orleans	Rutland	Washington	Windham	Windsor
<b>2000</b>															
People with LTC Needs (2+ ADLs) <sup>1</sup>	6,853	306	702	347	1,243	41	426	36	248	225	414	845	758	582	681
People with LTC Use - Actual <sup>2</sup>	4,865	265	517	227	816	7	348	12	192	131	318	630	571	400	431
<b>2005</b>															
People with LTC Needs (2+ ADLs) <sup>1</sup>	7,684	350	769	387	1,447	43	482	44	287	250	484	932	812	636	760
People with LTC Use - Projected Based on County's share of 18+ Disabled Pop. <sup>2,3</sup>	5,276	241	528	266	993	29	331	30	197	172	333	640	558	437	522
<b>2010</b>															
People with LTC Needs (2+ ADLs) <sup>1</sup>	8,147	388	788	410	1,606	44	514	56	314	272	528	944	813	672	797
People with LTC Use - Projected Based on County's share of 18+ Disabled Pop. <sup>2,3</sup>	5,655	270	547	284	1,115	31	357	39	218	189	367	655	564	467	553

1

<sup>1</sup>LTC Needs defined as requiring assistance with two or more Activities of Daily Living (ADLs), *excluding* individuals with mental retardation/developmental disabilities. Includes individuals in nursing facilities and individuals in the community.

<sup>2</sup>People with LTC use represent an unduplicated "point-in-time" count of individuals using either a nursing facility or home and community-based services (HCBS). Nursing facility residents represent an average daily census, and include privately and publicly funded nursing facilities. People with HCBS use represent the average monthly number of people with the following *publicly*-funded HCBS: Medicaid Waiver Personal Care, Adult Day, Attendant Services Program, Homemaker Services, Enhanced Residential Care, and ACCS. People with HCBS use must require assistance with 2+ ADLs.

<sup>3</sup>Projected number of people with use in 2005 and 2010 reflects two key assumptions: 1) each county's projected use is proportional to its share of the 18+ disabled population in the State, and 2) state-wide use trends reflect changes in age-distribution but assume no changes in service patterns beyond Fiscal Year 2003. Specifically, projections of the following Medicaid Waiver services, which experienced rapid growth between FY 2000 and FY 2003, reflect actual known slot use as of February 2003: MW Case Management, MW Personal Care, MW Respite, and MW Enhanced Residential Care. All other services were trended forward from FY 2000 based on changes in the age distribution of the population.

**Sources and Notes:**

Estimates and projections of LTC need are modeled using data from the following sources: Vermont-specific data on broad disability and population characteristics from the 1990 Census Public Use Microdata Sample (PUMS); national-level information on specific activity limitations from the 1996 panel of the Survey of Income and Program Participation (SIPP); Vermont-specific information income data from the 1999-2001 Current Population Survey, March Supplement; and county-level data on income and population characteristics from the 2000 Census.

Projected number of community residents with LTC use in 2005 and 2010 is based on 2000-2003 use statistics from VT DAD and trend assumptions from the following sources: VT population projections by age group supplied by VT DAD; and assumptions about disability and institutionalization trends entered on ASSUMPTIONS sheet.

County estimates may not sum to Vermont total due to rounding.

Number of nursing facility residents includes Wake Robin but excludes Arbors and Mertens.

Table 1

**Comparison of HCBS Need (2+ ADLs)<sup>1</sup> and Publicly-Funded HCBS Use<sup>3</sup> in the Community by County, 2000, 2005, and 2010**  
**Projected Use Reflects Demographic Changes, but Redistributes Resources to Counties Based on Disability**  
**Low Income Persons Age 18 and Above**  
**Point in Time**

	Vermont	Addison	Bennington	Caledonia	Chittenden	Essex	Franklin	Grand Isle	Lamoille	Orange	Orleans	Rutland	Washington	Windham	Windsor
<b>2000</b>															
<b>Need: Community Residents with LTC Needs<sup>1</sup></b>															
All Incomes	3,424	187	243	186	686	41	222	36	123	158	159	400	331	267	385
Low-Income <sup>2</sup>	1,558	83	111	87	310	20	101	16	56	72	77	185	147	121	173
<b>Use: People Using Publicly-Funded HCBS</b>															
Low-Income <sup>2</sup> - Actual <sup>3</sup>	1,225	115	47	58	227	5	127	10	55	52	54	160	126	72	117
<b>2005</b>															
<b>Need: Community Residents with LTC Needs<sup>1</sup></b>															
All Incomes	4,538	239	356	237	918	43	292	44	168	189	240	531	437	358	486
Low-Income <sup>2</sup>	1,967	108	143	110	384	31	129	30	78	91	106	224	177	150	207
<b>Use: People Using Publicly-Funded HCBS</b>															
Low-Income <sup>2</sup> - Projected Based on County's Share of 18+ Disabled Pop. <sup>4</sup>	1,820	100	132	101	355	29	119	27	72	84	98	207	163	139	191
<b>2010</b>															
<b>Need: Community Residents with LTC Needs<sup>1</sup></b>															
All Incomes	5,196	283	405	268	1,086	44	336	56	200	214	287	583	481	412	542
Low-Income <sup>2</sup>	2,320	129	167	129	455	40	153	43	99	109	131	251	200	178	235
<b>Use: People Using Publicly-Funded HCBS</b>															
Low-Income <sup>2</sup> - Projected Based on County's Share of 18+ Disabled Pop. <sup>4</sup>	2,310	128		129	453	40	152	43	99	109	131	250	199	177	234

<sup>1</sup>LTC Needs defined as requiring assistance with two or more Activities of Daily Living (ADLs), *excluding* individuals with mental retardation/developmental disabilities.

<sup>2</sup>Low-Income defined as income below 175% of Federal Poverty Guideline.

<sup>3</sup>Community residents with publicly-funded LTC use represents an unduplicated count of individuals with 2+ ADLs with any use during the month of the following programs: Medicaid Waiver Personal Care, Adult Day, Attendant Services Program, Homemaker Services, Enhanced Residential Care, and ACCS. 2000 user counts represent estimated number of unduplicated users during the month.

<sup>4</sup>Projected number of people with use in 2005 and 2010 reflects two key assumptions: 1) each county's projected use is proportional to its share of the 18+ disabled population in the State, and 2) state-wide use trends reflect changes in age-distribution but assume no changes in service patterns beyond Fiscal Year 2003. Specifically, projections of the following Medicaid Waiver services, which experienced rapid growth between FY 2000 and FY 2003, reflect actual known slot use as of February 2003: MW Case Management, MW Personal Care, MW Respite, and MW Enhanced Residential Care. All other services were trended forward from FY 2000 based on changes in the age distribution of the population.

#### Sources and Notes:

Estimates and projections of LTC need are modeled using data from the following sources: Vermont-specific data on broad disability and population characteristics from the 1990 Census Public Use Microdata Sample (PUMS); national-level information on specific activity limitations from the 1996 panel of the Survey of Income and Program Participation (SIPP); Vermont-specific information income data from the 1999-2001 Current Population Survey, March Supplement; and county-level data on income and population characteristics from the 2000 Census.

Projected number of community residents with LTC use in 2005 and 2010 are based on 2000-2003 use statistics from VT DAD and trend assumptions from the following sources: VT population projections by age group supplied by VT DAD; and assumptions about disability and institutionalization trends entered on ASSUMPTIONS sheet.

**Table 2**  
**Estimated Number of People with LTC Needs<sup>1</sup> by County, 2000, 2005, and 2010**  
**By Disability Level and Income**  
**Persons of All Ages**  
**Point in Time**

	Vermont	Addison	Bennington	Caledonia	Chittenden	Essex	Franklin	Grand Isle	Lamoille	Orange	Orleans	Rutland	Washington	Windham	Windsor
<b>2000</b>															
Nursing Facility <sup>2,3</sup>	3,429	119	459	161	557	-	204	-	124	67	255	444	426	316	297
Community <sup>4</sup>	603,164	35,810	36,380	29,304	145,641	6,459	44,973	6,901	23,109	28,120	25,644	62,654	57,424	43,838	56,907
All <175% FPL	141,600	7,935	8,852	7,646	32,597	1,794	10,412	1,533	5,443	6,622	7,074	15,657	12,787	10,346	12,904
2+ ADLs	1,617	87	115	90	323	21	106	17	58	74	79	191	152	125	178
1+ ADLs	2,667	143	188	149	537	34	177	28	97	123	131	315	250	205	291
Any ADL or IADL	6,785	364	473	379	1,386	87	449	69	248	310	335	801	633	520	732
All 175%+ FPL	461,564	27,875	27,528	21,658	113,044	4,665	34,561	5,368	17,666	21,498	18,570	46,997	44,637	33,492	44,003
2+ ADLs	2,006	113	140	106	410	22	132	21	72	93	89	229	198	156	225
1+ ADLs	3,523	199	244	184	730	39	235	38	128	163	155	399	346	272	391
Any ADL or IADL	8,846	500	610	460	1,850	97	588	96	322	409	387	999	869	683	977
<b>2005</b>															
Nursing Facility <sup>2,3</sup>	3,145	112	413	149	529	-	190	-	118	61	244	402	375	278	275
Community <sup>4</sup>	632,996	37,788	37,318	30,421	154,740	6,468	48,092	8,007	25,259	29,397	26,994	63,880	59,782	45,825	59,025
All <175% FPL	148,256	8,349	9,087	7,893	34,716	1,791	11,090	1,764	5,921	6,878	7,441	15,966	13,229	10,755	13,377
2+ ADLs	2,036	112	147	113	400	32	135	31	81	95	109	231	183	155	213
1+ ADLs	3,237	177	230	179	653	46	216	44	126	149	172	369	291	246	339
Any ADL or IADL	8,017	436	557	441	1,670	103	533	95	307	363	421	924	718	606	841
All 175%+ FPL	484,740	29,439	28,232	22,528	120,024	4,677	37,002	6,243	19,338	22,519	19,553	47,915	46,553	35,070	45,648
2+ ADLs	2,736	141	223	135	576	13	178	16	97	106	141	322	276	219	294
1+ ADLs	4,496	243	341	225	961	31	299	37	163	186	220	514	443	352	482
Any ADL or IADL	10,676	597	760	539	2,305	94	713	111	396	470	500	1,192	1,031	824	1,146
<b>2010</b>															
Nursing Facility <sup>2,3</sup>	2,951	106	384	142	520	-	179	-	114	59	241	360	331	260	255
Community <sup>4</sup>	654,690	39,206	37,562	31,052	162,605	6,378	50,821	9,178	27,292	30,229	28,009	63,991	60,926	47,199	60,242
All <175% FPL	152,791	8,630	9,124	8,000	36,499	1,761	11,675	2,014	6,366	7,033	7,702	15,934	13,395	11,025	13,633
2+ ADLs	2,392	133	171	133	473	41	160	44	102	113	134	257	207	182	241
1+ ADLs	3,723	206	261	205	764	56	251	61	154	173	205	405	322	283	378
Any ADL or IADL	9,080	498	618	496	1,945	116	610	127	366	414	492	1,001	783	687	928
All 175%+ FPL	501,899	30,576	28,438	23,052	126,106	4,617	39,146	7,164	20,926	23,195	20,307	48,057	47,531	36,174	46,609
2+ ADLs	3,050	164	246	147	677	6	199	15	108	112	163	348	297	245	321
1+ ADLs	5,009	278	375	245	1,121	25	336	41	185	202	253	553	478	393	526
Any ADL or IADL	11,950	679	833	591	2,681	91	809	135	459	521	571	1,282	1,120	923	1,255

<sup>1</sup>LTC needs are defined as requiring assistance with ADLs and/or IADLs. *Excludes* individuals with mental retardation or developmental disabilities.

<sup>2</sup>Represents average daily number of nursing facility residents in fiscal year, based on quarterly MDS data (includes Wake Robin but excludes Arbors and Mertens). Nursing facility residents not broken out by income or disability level because data are unavailable.

<sup>3</sup>Nursing facility "need" assumes that all individuals in nursing facilities in 2000 "needed" nursing facility care. Trend in nursing facility need over time is based on use trend assumption entered on ASSUMPTIONS sheet. All individuals in nursing homes are assumed to have 2+ ADLs.

<sup>4</sup>Community residents include individuals residing in non-institutional settings. This includes people living in their homes, as well as people living in residential care and congregate housing with supportive services.

**Sources and Notes:**

Estimates and projections of LTC need are modeled using data from the following sources: Vermont-specific data on broad disability and population characteristics from the 1990 Census Public Use Microdata Sample (PUMS); national-level information on specific activity limitations from the 1996 panel of the Survey of Income and Program Participation (SIPP); Vermont-specific information income data from the 1999-2001 Current Population Survey, March Supplement; and county-level data on income and population characteristics from the 2000 Census.



**Table 3-1**  
**Estimated Number of People with LTC Needs<sup>1</sup> by County, 2000, 2005, and 2010**  
**Individuals Needing Assistance with 2+ ADLs**  
**By Age Group and Income**  
**Point in Time**

	Vermont	Addison	Bennington	Caledonia	Chittenden	Essex	Franklin	Grand Isle	Lamoille	Orange	Orleans	Rutland	Washington	Windham	Windsor
<b>2000</b>															
Nursing Facility <sup>2,3</sup>	3,429	119	459	161	557	-	204	-	124	67	255	444	426	316	297
Community, Low Income (<175%FPL) <sup>4</sup>	1,617	87	115	90	323	21	106	17	58	74	79	191	152	125	178
<65	454	25	26	23	115	6	32	5	18	20	22	50	40	32	39
<18	59	4	4	3	13	1	5	1	2	3	3	6	5	4	5
18-64	395	22	23	20	101	5	27	4	16	17	20	44	35	28	34
65+	1,163	62	88	67	209	15	74	12	41	54	57	141	112	93	139
65-74	338	18	26	19	61	5	24	4	12	17	17	41	30	26	38
75-84	463	25	33	28	79	6	30	5	16	22	24	58	43	36	57
85+	362	19	28	20	68	4	21	3	13	16	15	42	39	30	43
Community, 175%+ FPL <sup>4</sup>	2,006	113	140	106	410	22	132	21	72	93	89	229	198	156	225
<65	667	41	38	31	169	7	50	8	26	31	26	67	65	48	62
<18	140	9	8	7	34	1	12	2	5	7	6	14	13	10	13
18-64	527	32	30	24	135	5	38	6	21	24	20	53	52	38	49
65+	1,339	72	102	75	241	16	82	14	47	62	63	162	133	108	164
65-74	303	16	24	16	55	4	20	4	10	15	14	36	29	24	35
75-84	615	33	45	36	106	8	38	7	21	29	31	77	59	49	78
85+	421	22	33	23	80	4	24	3	15	18	17	49	46	35	51

<sup>1</sup>LTC Needs defined as requiring assistance with two or more Activities of Daily Living (ADLs), *excluding* individuals with mental retardation/developmental disabilities.

<sup>2</sup>Represents average daily number of nursing facility residents in fiscal year, based on quarterly MDS data (includes Wake Robin but excludes Arbors and Mertens). Nursing facility residents not broken out by income or disability level because data are unavailable.

<sup>3</sup>Nursing facility "need" assumes that all individuals in nursing facilities in 2000 "needed" nursing facility care. Trend in nursing facility need over time is based on use trend assumption entered on ASSUMPTIONS sheet. All individuals in nursing homes are assumed to have 2+ ADLs.

<sup>4</sup>Community residents include individuals residing in non-institutional settings. This includes people living in their homes, as well as people living in residential care and congregate housing with supportive services.

#### Sources and Notes:

Estimates and projections of LTC need are modeled using data from the following sources: Vermont-specific data on broad disability and population characteristics from the 1990 Census Public Use Microdata Sample (PUMS); national-level information on specific activity limitations from the 1996 panel of the Survey of Income and Program Participation (SIPP); Vermont-specific information income data from the 1999-2001 Current Population Survey, March Supplement; and county-level data on income and population characteristics from the 2000 Census.

**Table 3-2**  
**Estimated Number of People with LTC Needs<sup>1</sup> by County, 2000, 2005, and 2010**  
**Individuals Needing Assistance with 2+ ADLs**  
**By Age Group and Income**  
**Point in Time**

	Vermont	Addison	Bennington	Caledonia	Chittenden	Essex	Franklin	Grand Isle	Lamoille	Orange	Orleans	Rutland	Washington	Windham	Windsor
<b>2005</b>															
Nursing Facility <sup>2,3</sup>	3,145	112	413	149	529	-	190	-	118	61	244	402	375	278	275
Community, Low Income (<175%FPL) <sup>4</sup>	2,036	112	147	113	400	32	135	31	81	95	109	231	183	155	213
<65	586	33	34	30	148	7	42	7	24	26	29	62	52	42	50
<18	69	4	4	4	16	1	6	1	3	3	3	7	6	5	6
18-64	517	28	30	26	131	6	36	6	22	23	26	56	46	37	44
65+	1,450	79	113	83	252	25	93	24	57	68	80	169	131	113	163
65-74	402	20	33	21	72	6	28	6	16	19	22	46	37	32	43
75-84	540	30	41	34	93	9	35	9	19	26	31	63	45	42	63
85+	509	29	39	29	87	9	30	9	22	23	27	59	48	40	58
Community, 175%+ FPL <sup>4</sup>	2,736	141	223	135	576	13	178	16	97	106	141	322	276	219	294
<65	859	52	49	40	217	8	66	11	35	39	35	83	85	62	78
<18	165	10	9	8	41	2	15	2	6	8	7	16	15	11	15
18-64	695	42	40	32	176	6	51	9	28	32	28	67	69	51	63
65+	1,877	89	173	96	358	6	112	6	62	66	106	239	191	157	215
65-74	339	16	33	16	63	3	22	3	12	15	17	40	34	27	37
75-84	790	39	73	45	146	5	50	5	25	31	46	98	72	62	92
85+	748	33	67	35	149	(2)	41	(3)	25	20	43	102	85	68	86

<sup>1</sup>LTC Needs defined as requiring assistance with two or more Activities of Daily Living (ADLs), *excluding* individuals with mental retardation/developmental disabilities.

<sup>2</sup>Represents average daily number of nursing facility residents in fiscal year, based on quarterly MDS data (includes Wake Robin but excludes Arbors and Mertens). Nursing facility residents not broken out by income or disability level because data are unavailable.

<sup>3</sup>Nursing facility "need" assumes that all individuals in nursing facilities in 2000 "needed" nursing facility care. Trend in nursing facility need over time is based on use trend assumption entered on ASSUMPTIONS sheet. All individuals in nursing homes are assumed to have 2+ ADLs.

<sup>4</sup>Community residents include individuals residing in non-institutional settings. This includes people living in their homes, as well as people living in residential care and congregate housing with supportive services.

#### Sources and Notes:

Estimates and projections of LTC need are modeled using data from the following sources: Vermont-specific data on broad disability and population characteristics from the 1990 Census Public Use Microdata Sample (PUMS); national-level information on specific activity limitations from the 1996 panel of the Survey of Income and Program Participation (SIPP); Vermont-specific information income data from the 1999-2001 Current Population Survey, March Supplement; and county-level data on income and population characteristics from the 2000 Census.

**Table 3-3**  
**Estimated Number of People with LTC Needs<sup>1</sup> by County, 2000, 2005, and 2010**  
**Individuals Needing Assistance with 2+ ADLs**  
**By Age Group and Income**  
**Point in Time**

	Vermont	Addison	Bennington	Caledonia	Chittenden	Essex	Franklin	Grand Isle	Lamoille	Orange	Orleans	Rutland	Washington	Windham	Windsor
<b>2010</b>															
Nursing Facility <sup>2,3</sup>	2,951	106	384	142	520	-	179	-	114	59	241	360	331	260	255
Community, Low Income (<175%FPL) <sup>4</sup>	2,392	133	171	133	473	41	160	44	102	113	134	257	207	182	241
<65	698	39	39	36	178	8	51	9	30	31	35	72	62	49	58
<18	72	4	4	4	18	1	7	1	3	3	3	7	6	5	6
18-64	626	35	35	32	160	7	45	8	27	28	32	65	55	45	52
65+	1,694	94	132	97	295	33	109	35	71	82	99	186	145	133	183
65-74	488	25	40	25	87	7	33	9	21	23	29	54	44	40	51
75-84	572	32	44	35	102	11	37	11	21	29	33	64	47	44	63
85+	634	38	48	38	106	15	38	15	29	31	38	67	54	49	69
Community, 175%+ FPL <sup>4</sup>	3,050	164	246	147	677	6	199	15	108	112	163	348	297	245	321
<65	1,007	62	56	46	259	8	79	14	43	46	41	94	98	72	90
<18	174	11	9	8	45	2	17	2	7	8	7	16	16	11	15
18-64	833	51	47	38	214	7	62	11	36	38	33	78	82	61	75
65+	2,043	103	190	101	418	(3)	120	1	65	66	123	254	199	173	231
65-74	365	19	35	15	70	1	23	3	14	16	19	42	37	30	41
75-84	811	41	79	44	161	3	51	5	25	31	47	97	74	64	90
85+	867	43	76	41	188	(7)	46	(7)	26	20	58	115	89	80	100

<sup>1</sup>LTC Needs defined as requiring assistance with two or more Activities of Daily Living (ADLs), *excluding* individuals with mental retardation/developmental disabilities.

<sup>2</sup>Represents average daily number of nursing facility residents in fiscal year, based on quarterly MDS data (includes Wake Robin but excludes Arbors and Mertens). Nursing facility residents not broken out by income or disability level because data are unavailable.

<sup>3</sup>Nursing facility "need" assumes that all individuals in nursing facilities in 2000 "needed" nursing facility care. Trend in nursing facility need over time is based on use trend assumption entered on ASSUMPTIONS sheet. All individuals in nursing homes are assumed to have 2+ ADLs.

<sup>4</sup>Community residents include individuals residing in non-institutional settings. This includes people living in their homes, as well as people living in residential care and congregate housing with supportive services.

#### Sources and Notes:

Estimates and projections of LTC need are modeled using data from the following sources: Vermont-specific data on broad disability and population characteristics from the 1990 Census Public Use Microdata Sample (PUMS); national-level information on specific activity limitations from the 1996 panel of the Survey of Income and Program Participation (SIPP); Vermont-specific information income data from the 1999-2001 Current Population Survey, March Supplement; and county-level data on income and population characteristics from the 2000 Census.

Table 3a

**Percent Distribution of Community Residents with LTC Needs<sup>1</sup> by County, 2000, 2005, and 2010**  
**Individuals Needing Assistance with 2+ ADLs, by Age Group**  
**Persons of All Income Levels**  
**Point in Time**

		Vermont (100%)	Addison	Bennington	Caledonia	Chittenden	Essex	Franklin	Grand Isle	Lamoille	Orange	Orleans	Rutland	Washington	Windham	Windsor
<b>Age &lt;18</b>																
2000	199	6.1%	5.9%	4.9%	23.7%	1.1%	8.7%	1.2%	3.8%	4.9%	4.3%	9.9%	9.3%	7.0%	9.2%	
2005	233	6.1%	5.6%	4.8%	24.7%	1.1%	9.0%	1.2%	3.9%	4.7%	4.2%	9.6%	9.2%	6.8%	9.0%	
2010	246	6.2%	5.4%	4.7%	25.6%	1.0%	9.6%	1.3%	4.1%	4.6%	4.2%	9.3%	9.0%	6.5%	8.6%	
<b>Age 18-64</b>																
2000	922	5.8%	5.8%	4.8%	25.6%	1.1%	7.1%	1.1%	3.9%	4.5%	4.3%	10.5%	9.4%	7.2%	8.9%	
2005	1,211	5.8%	5.8%	4.8%	25.4%	1.0%	7.2%	1.2%	4.1%	4.5%	4.5%	10.1%	9.5%	7.2%	8.8%	
2010	1,459	5.9%	5.6%	4.8%	25.6%	1.0%	7.3%	1.3%	4.3%	4.5%	4.5%	9.8%	9.4%	7.2%	8.7%	
<b>Age 18+</b>																
2000	1,121	5.9%	5.8%	4.8%	25.3%	1.1%	7.4%	1.1%	3.9%	4.6%	4.3%	10.4%	9.4%	7.2%	9.0%	
2005	1,445	5.9%	5.8%	4.8%	25.3%	1.0%	7.5%	1.2%	4.1%	4.5%	4.4%	10.1%	9.5%	7.2%	8.9%	
2010	1,705	5.9%	5.6%	4.8%	25.6%	1.0%	7.6%	1.3%	4.3%	4.5%	4.4%	9.7%	9.4%	7.1%	8.7%	
<b>Age 65+</b>																
2000	2,503	5.3%	7.6%	5.7%	18.0%	1.2%	6.3%	1.0%	3.5%	4.6%	4.8%	12.1%	9.8%	8.0%	12.1%	
2005	3,327	5.1%	8.6%	5.4%	18.4%	0.9%	6.2%	0.9%	3.6%	4.1%	5.6%	12.3%	9.7%	8.1%	11.4%	
2010	3,738	5.3%	8.6%	5.3%	19.1%	0.8%	6.1%	1.0%	3.7%	4.0%	5.9%	11.8%	9.2%	8.2%	11.1%	

<sup>1</sup>LTC Needs defined as requiring assistance with two or more Activities of Daily Living (ADLs), *excluding* individuals with mental retardation/developmental disabilities. Community residents include individuals residing in non-institutional settings. This includes people living in their homes, as well as people living in residential care and congregate housing with supportive services.

**Sources and Notes:**

Estimates and projections of LTC need are modeled using data from the following sources: Vermont-specific data on broad disability and population characteristics from the 1990 Census Public Use Microdata Sample (PUMS); national-level information on specific activity limitations from the 1996 panel of the Survey of Income and Program Participation (SIPP); Vermont-specific information income data from the 1999-2001 Current Population Survey, March Supplement; and county-level data on income and population characteristics from the 2000 Census.

**Table 3b**

**Distribution of Community Residents with LTC Needs<sup>1</sup> by County, 2000, 2005, and 2010**  
**Individuals Needing Assistance with 2+ ADLs, by Age Group**  
**Persons of All Income Levels**  
**Point in Time**

	Vermont	Addison	Bennington	Caledonia	Chittenden	Essex	Franklin	Grand Isle	Lamoille	Orange	Orleans	Rutland	Washington	Windham	Windsor
<b>Age &lt;18</b>															
2000	199	12	12	10	47	2	17	2	8	10	9	20	19	14	18
2005	233	14	13	11	58	2	21	3	9	11	10	22	21	16	21
2010	246	15	13	11	63	3	24	3	10	11	10	23	22	16	21
<b>Age 18-64</b>															
2000	922	54	53	44	236	10	65	10	36	41	40	97	87	66	82
2005	1,211	71	70	58	307	12	87	15	50	54	54	123	115	88	107
2010	1,459	85	82	70	373	14	107	20	63	65	65	143	138	105	127
<b>Age 18+</b>															
2000	1,121	66	65	54	284	12	82	12	44	51	49	116	105	80	100
2005	1,445	85	83	70	365	15	108	18	59	65	64	145	137	103	128
2010	1,705	101	95	82	436	16	130	23	73	77	76	166	160	121	149
<b>Age 65+</b>															
2000	2,503	133	190	142	449	31	157	26	87	116	119	304	245	201	303
2005	3,327	168	286	179	611	30	205	29	118	135	186	408	322	270	379
2010	3,738	197	323	198	713	30	229	36	137	148	222	440	344	306	414

<sup>1</sup>LTC Needs defined as requiring assistance with two or more Activities of Daily Living (ADLs), *excluding* individuals with mental retardation/developmental disabilities. Community residents include individuals residing in non-institutional settings. This includes people living in their homes, as well as people living in residential care and congregate housing with supportive services.

**Sources and Notes:**

Estimates and projections of LTC need are modeled using data from the following sources: Vermont-specific data on broad disability and population characteristics from the 1990 Census Public Use Microdata Sample (PUMS); national-level information on specific activity limitations from the 1996 panel of the Survey of Income and Program Participation (SIPP); Vermont-specific information income data from the 1999-2001 Current Population Survey, March Supplement; and county-level data on income and population characteristics from the 2000 Census.

**Table 4**

**Actual and Projected Use of Long Term Care Services in Vermont by Program, 2000, 2005, and 2010<sup>1</sup> Point in Time**  
**Selected Programs/Services**

	<b>FY 2000 Actual</b>	<b>FY 2005</b>	<b>FY 2010</b>	<b>Growth Rates</b>	
				<b>2000-2005</b>	<b>2005-2010</b>
Nursing Facilities (Public and Private) <sup>2</sup>					
Users	3,429	3,145	2,951	-8%	-6%
Days	104,099	95,477	89,569		
Medicaid Waiver Enhanced Residential Care					
Users	103	239	331	132%	38%
Days	2,585	5,999	8,294		
ACCS (Medicaid State Plan) Residential Care					
Users	361	499	624	38%	25%
Days	11,121	15,384	19,213		
Residential Care Homes -- Private Pay					
Users	1,554	2,022	2,466	30%	22%
Days	47,264	61,514	75,008		
Assisted Living					
Users	ND	ND	ND		
Days	ND	ND	ND		
Medicaid Waiver Personal Care					
Users	639	1,067	1,361	67%	27%
Hours	54,334	90,763	115,699		
Medicaid Waiver Respite					
Users	133	256	332	92%	30%
Hours	5,297	10,181	13,216		
Medicaid Waiver Traumatic Brain Injury					
Users	37	39	41	6%	5%
Hours	25,635	27,204	28,429		
Medicaid Waiver Case Management					
Users	703	1,340	1,716	91%	28%
Hours	1,322	2,520	3,228		
OAA Non-Medicaid Waiver Case Management					
Users	2,442	3,169	3,896	30%	23%
Hours	2,989	3,880	4,769		
Attendant Services Program (ASP)					
Users	250	294	336	18%	14%
Hours	26,995	31,747	36,326		
Adult day					
Users	441	581	720	32%	24%
Hours	6,806	8,967	11,115		
Homemaker Services					
Users	697	1,006	1,305	44%	30%
Hours	1,124	1,623	2,104		
VCIL Home Delivered Meals (disabled clients)					
Users	189	203	214	7%	6%
Meals	2,848	3,054	3,222		
Mental Health and Aging					
Users	147	184	220	25%	20%
Hours	ND	ND	ND		

<sup>1</sup>Individuals may use more than one service. Residents of nursing facilities and Residential Care-Private Pay represent an average daily census. The FY 2000 number of nursing facility residents was derived by averaging quarterly MDS resident counts. The FY 2000 number of Residential Care-Private Pay users was derived by applying an occupancy rate of 90 percent to the known number of RCH-Private Pay beds. User counts for all other services represent the average number of individuals with use during a month. Projections of use assume current use patterns by age, and nursing home trends entered on ASSUMPTIONS sheet. Changes over time therefore are the result of demographic trends and the assumed trends in institutionalization, but assume no other changes in LTC policy.

<sup>2</sup>Nursing facility residents include Wake Robin but exclude Arbors and Mertens.

**Table 5-1**

**Actual and Projected Use<sup>1</sup> of Long Term Care Services in Vermont by Program by County, 2000, 2005, and 2010**  
**Selected Programs/Services**  
**Point in Time**

	Vermont <sup>2</sup>	Addison	Bennington	Caledonia	Chittenden	Essex	Franklin	Grand Isle	Lamoille	Orange	Orleans	Rutland	Washington	Windham	Windsor
<b>FY 2000 Actual</b>															
<b>Number of Users</b>															
Nursing Facilities (Public and Private) <sup>3</sup>	3,429	119	459	161	557	0	204	0	124	67	255	444	426	316	297
Medicaid Waiver Enhanced Residential Care	103	2	2	1	12	0	21	0	0	5	9	18	15	8	10
ACCS (Medicaid State Plan) Residential Care	361	7	3	15	22	23	28	1	14	13	25	101	74	5	30
Residential Care Homes -- Private Pay	1,554	82	222	49	311	2	96	0	62	56	79	179	186	83	148
Medicaid Waiver Personal Care	639	54	17	26	142	4	71	7	25	21	23	74	64	39	72
Medicaid Waiver Respite	133	19	4	4	39	1	3	3	3	5	12	12	10	5	13
Medicaid Waiver Traumatic Brain Injury	37	0	1	2	3	5	2	0	4	0	1	13	4	2	0
Medicaid Waiver Case Management	703	59	28	14	171	3	91	6	30	20	22	52	77	49	81
OAA Non-Medicaid Waiver Case Management	2,442	111	194	115	400	30	192	63	91	115	108	315	303	160	245
Attendant Services Program (ASP)	250	9	10	12	41	0	23	6	16	18	11	47	20	17	20
Adult Day	441	98	39	17	60	1	27	0	30	18	17	45	34	23	32
Homemaker Services	697	37	32	50	65	11	40	2	37	54	64	81	67	69	88
VCIL Home Delivered Meals (disabled clients)	189	9	14	6	34	1	14	3	8	5	5	32	27	17	14
Mental Health and Aging <sup>4</sup>	147	18	11	30	10	0	8	0	0	0	0	26	38	6	0

<sup>1</sup>Individuals may use more than one service. Residents of nursing facilities and Residential Care-Private Pay represent an average daily census. The FY 2000 number of nursing facility residents was derived by averaging quarterly MDS resident counts. The FY 2000 number of Residential Care-Private Pay users was derived by applying an occupancy rate of 90 percent to the known number of RCH-Private Pay beds. User counts for all other services represent the average number of individuals with use during a month. Projections of use assume current use patterns by age, and nursing home trends entered on ASSUMPTIONS sheet. Changes over time therefore are the result of demographic trends and the assumed trends in institutionalization, but assume no other changes in LTC policy.

<sup>2</sup>County estimates may not sum to state total because the State provides some services to Vermont residents with mailing addresses outside of Vermont.

<sup>3</sup>Nursing facility residents include Wake Robin but exclude Arbors and Mertens.

<sup>4</sup>Some counties report Mental Health & Aging clients in groups of counties: Caledonia/Essex/Orleans are listed under Caledonia; Washington/Orange/Lamoille are listed under Washington; and Windham/Windsor are listed under Windham.

Table 5-2

Actual and Projected Use<sup>1</sup> of Long Term Care Services in Vermont by Program by County, 2000, 2005, and 2010

## Selected Programs/Services

## Point in Time

	Vermont <sup>2</sup>	Addison	Bennington	Caledonia	Chittenden	Essex	Franklin	Grand Isle	Lamoille	Orange	Orleans	Rutland	Washington	Windham	Windsor
<b>FY 2005 Projected</b>															
<b>Number of Users</b>															
Nursing Facilities (Public and Private) <sup>3</sup>	3,145	112	413	149	529	0	190	0	118	61	244	402	375	278	275
Medicaid Waiver Enhanced Residential Care	239	20	5	0	38	0	38	0	0	10	17	31	36	25	20
ACCS (Medicaid State Plan) Residential Care	499	8	3	18	32	23	38	1	16	15	46	156	95	8	39
Residential Care Homes -- Private Pay	2,022	89	247	59	425	2	129	0	71	65	122	253	239	129	192
Medicaid Waiver Personal Care	1,067	83	30	39	233	5	121	10	41	31	52	127	115	65	116
Medicaid Waiver Respite	256	34	12	6	72	1	5	5	6	9	27	25	19	12	24
Medicaid Waiver Traumatic Brain Injury	39	0	1	2	3	5	2	0	4	0	1	14	4	2	0
Medicaid Waiver Case Management	1,340	107	42	74	305	0	129	15	49	60	67	141	131	106	114
OAA Non-Medicaid Waiver Case Management	3,169	139	272	144	538	31	240	75	121	135	161	407	381	218	309
Attendant Services Program (ASP)	294	11	11	13	46	0	28	7	18	21	14	60	22	20	22
Adult Day	581	126	55	20	83	1	35	0	41	23	22	57	43	35	40
Homemaker Services	1,006	50	51	68	95	11	58	2	55	67	106	122	97	105	120
VCIL Home Delivered Meals (disabled clients)	203	10	15	6	36	1	15	4	9	5	5	33	29	18	15
Mental Health and Aging <sup>4</sup>	184	22	15	36	13	0	10	0	0	0	0	33	48	8	0

<sup>1</sup>Individuals may use more than one service. Residents of nursing facilities and Residential Care-Private Pay represent an average daily census. The FY 2000 number of nursing facility residents was derived by averaging quarterly MDS resident counts. The FY 2000 number of Residential Care-Private Pay users was derived by applying an occupancy rate of 90 percent to the known number of RCH-Private Pay beds. User counts for all other services represent the average number of individuals with use during a month. Projections of use assume current use patterns by age, and nursing home trends entered on ASSUMPTIONS sheet. Changes over time therefore are the result of demographic trends and the assumed trends in institutionalization, but assume no other changes in LTC policy.

<sup>2</sup>County estimates may not sum to state total because the State provides some services to Vermont residents with mailing addresses outside of Vermont.

<sup>3</sup>Nursing facility residents include Wake Robin but exclude Arbors and Mertens.

<sup>4</sup>Some counties report Mental Health & Aging clients in groups of counties: Caledonia/Essex/Orleans are listed under Caledonia; Washington/Orange/Lamoille are listed under Washington; and Windham/Windsor are listed under Windham.



**Table 5-3**

**Actual and Projected Use<sup>1</sup> of Long Term Care Services in Vermont by Program by County, 2000, 2005, and 2010**

**Selected Programs/Services**

**Point in Time**

	Vermont <sup>2</sup>	Addison	Bennington	Caledonia	Chittenden	Essex	Franklin	Grand Isle	Lamoille	Orange	Orleans	Rutland	Washington	Windham	Windsor
<b>FY 2010 Projected</b>															
<b>Number of Users</b>															
Nursing Facilities (Public and Private) <sup>3</sup>	2,951	106	384	142	520	0	179	0	114	59	241	360	331	260	255
Medicaid Waiver Enhanced Residential Care	331	26	7	0	57	0	53	0	0	14	25	40	46	35	27
ACCS (Medicaid State Plan) Residential Care	624	8	4	21	43	24	47	1	18	17	70	200	111	11	47
Residential Care Homes -- Private Pay	2,466	97	269	69	547	2	162	0	81	74	169	311	280	173	232
Medicaid Waiver Personal Care	1,361	103	38	48	301	5	155	13	54	38	78	157	143	84	145
Medicaid Waiver Respite	332	42	17	6	94	1	5	6	8	11	39	31	23	18	29
Medicaid Waiver Traumatic Brain Injury	41	0	1	2	3	5	2	0	5	0	1	14	4	2	0
Medicaid Waiver Case Management	1,716	132	53	91	395	0	162	20	66	73	101	178	164	138	142
OAA Non-Medicaid Waiver Case Management	3,896	170	340	174	686	32	289	97	155	158	216	483	445	279	373
Attendant Services Program (ASP)	336	12	12	14	51	0	32	9	21	24	18	71	24	23	25
Adult Day	720	156	69	24	107	1	43	0	52	28	28	67	51	47	48
Homemaker Services	1,305	63	67	86	127	12	75	3	73	80	152	154	119	141	151
VCIL Home Delivered Meals (disabled clients)	214	10	15	7	39	1	17	4	10	6	6	34	30	19	16
Mental Health and Aging <sup>4</sup>	220	26	19	42	16	0	12	0	0	0	0	38	57	10	0

<sup>1</sup>Individuals may use more than one service. Residents of nursing facilities and Residential Care-Private Pay represent an average daily census. The FY 2000 number of nursing facility residents was derived by averaging quarterly MDS resident counts. The FY 2000 number of Residential Care-Private Pay users was derived by applying an occupancy rate of 90 percent to the known number of RCH-Private Pay beds. User counts for all other services represent the average number of individuals with use during a month. Projections of use assume current use patterns by age, and nursing home trends entered on ASSUMPTIONS sheet. Changes over time therefore are the result of demographic trends and the assumed trends in institutionalization, but assume no other changes in LTC policy.

<sup>2</sup>County estimates may not sum to state total because the State provides some services to Vermont residents with mailing addresses outside of Vermont.

<sup>3</sup>Nursing facility residents include Wake Robin but exclude Arbors and Mertens.

<sup>4</sup>Some counties report Mental Health & Aging clients in groups of counties: Caledonia/Essex/Orleans are listed under Caledonia; Washington/Orange/Lamoille are listed under Washington; and Windham/Windsor are listed under Windham.